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THE ADEQUATE TREATMENT OF SYPHILIS.*

By W. T. Wootton, M.D.,
Hot Springs, Ark.

Following the usual apology, mention shall be made of the following points concerning syphilis and its treatment:

Spirochetes, where found and when;
agents for exterminating.
Mercury, effect on system as a whole;
on kidneys;
on blood vessels;
on gums;
on spirochetes;
administered per hypodermic;
per mouth;
per inunction;
dosage;
saturation of the system; what it means;
how accomplished;
the effect.
Salvarsan as an aid, not as a cure.
Treatment nearest a therapia sterilisans magna.
Intermittent rather than a continuous treatment.
Rôle of the iodides.
The adequate treatment of syphilis.
Rôle of the resort plus rest, relaxation and elimination.

Just as many cases of luetic infection are sent on to incurability by gross mistreatment as reach that stage by indifference, carelessness and ignorance on the part of the patient. Why? Physicians the country over continue to treat the name instead of the disease. Two drugs are instantly brought to mind at mention of the name—either one or both are prescribed without due thought as to *how* they are to cure. One will cure when administered properly; the other positively will not. The physician's textbook duty is done, and so is the patient, usually. Does not the treatment of syphilis deserve more consideration? Inasmuch as we have no way as yet of determining *positively* just when our patient has been freed of the last living spirochete; salvarsan alone will not produce a permanent cure; mercury in some form has been used universally in the past and will be in even greater demand in the future; I ask your permission to emphasize *the* method of administering that drug.

Spirochetae pallidae are found during the primary stage of syphilis in the initial lesion with a plastic wall surrounding them. When they break through this wall the blood stream is flooded with them, and then they penetrate the vessel walls, and may be found in any tissue, setting up lesions which are summarized as the secondary stage. Rarely after this do we find them in the circulation to any extent. Now, then, to cure syphilis each and every one of these must be found and put to death.

This paper contemplates the treatment of the average case of syphilis as soon as a diagnosis is made, whether the patient presents himself during the initial stage or later.

The agents at our command today for exterminating the spirochetes are mercury and arsenic. I did not say iodide of potash.

Metallic mercury, *per se*, is not a poison-organotropic, inasmuch as a pint may be drunken at a time with no other inconvenience than the weight would cause. It is highly parasitotropic; is not an irritant; circulates freely in the blood stream as metallic mercury; passes through the capillary walls; bathes every cell, and may be found in any and every structure and secretion of the body and

*Read in the Section on Practice of Medicine of the American Medical Association at the Sixty-second Annual Meeting, held at Los Angeles, June, 1911.

recovered from same as metallic mercury. It soon becomes lazy and will hide out in the muscle fibers, and a plastic wall be thrown about it if a searcher (iodine) is not kept after it. It does not cause salivation except when gingivitis is not properly prevented, then salivation is secondary to the gangrenous process, which means advanced gingivitis.

Rarely do we have renal irritation from metallic mercury, and then transient only. For 10 years I have watched for this very carefully, having believed it to be of more frequent occurrence.

On the blood vessels I think we see the worst results, and that from imperfect exhibition of the drug. If the blood vessels have to contend with a foreign substance circulating in and around them continuously, month after month, with no intermission in which to resume the normal, there is going to be a degeneration and hardening or a protective process. The shorter the course of treatment and the longer the period of rest, the less likelihood of arteriosclerosis.

The effect of metallic mercury on the gums is purely a mechanical one, the globule blocking the lumen of the capillary. If this globule remains, there is a distention behind and gangrene in front. Treat it as if emptying a sponge; press or squeeze it between the finger tips and the alveolar process, not continuously, but empty, and let it fill up and empty again, and so on, and your so-called salivation will disappear without the necessity of discontinuing the administration of mercury. You cannot rub the gums and expect to empty them any more than you may expect successfully to play a piano without striking the individual keys. Therefore, press; do not rub.

At times an eroded mucous membrane of the bowel allows hydrogen disulphide to be absorbed, and a sulphate of mercury may be deposited on the lumen of the capillary,* with consequent irritation and severe griping. Epsom salts most effectively removes the irritation and gripe.

Spirochetae pallidae cannot and do not live in contact with metallic mercury or when surrounded by lymph or plasma, which abound in mercury to the extent of practically being a saturating suspension.

This is *the* method of exterminating them, for you can get this suspension to every cell in the body, and unless you have enough of the mercury in the system to saturate, you risk having some foci free from the suspension. Your germs here are not stupefied or killed, consequently an early return of symptoms may be expected after elimination of the treatment.

Right here is where the good work should be done—done thoroughly and quickly. Saturation is no harder on your patient, but infinitely more severe on the spirochetes. It is a serious mistake to temporize in the treatment of syphilis. The earlier and harder you begin treatment the better your chance of entirely eradicating the germs, for you can now fight them before they have in any measure become immune to your drug. When you hit, hit hard; never stop short of saturation.

Various and sundry are the preparations of mercury—soluble and insoluble—that are recommended for hypodermic use. But can you saturate the system with any of them, or do you only reach the point of toleration just below that of poisoning and far below that of complete saturation? Is the blood stream a solution of mercury bichloride, salicylate or other salt? Do the blood and lymph streams carry your syringefuls unchanged to all points needed, that the spirochete may be smitten in his lair? If not, what assurance have you that the small amount injected will be properly distributed, and that in time each home will be visited and devastated?

I grant you that the preparation of mercury injected destroys the spirochetes and cures the lesion when it by chance gets to that lesion, but only too often does it fail to reach all or even one important lesion, and it is missing lesions or foci that causes return symptoms and future trouble.

Of all impossible methods of administering mercury, the oral method ranks first. More false security with latent harm is done by this method than by all others combined. Symptoms may be obscured—and some cases may be benefited—if you are willing to grant that some cases recover spontaneously. The alimentary tract is not tolerant of a sufficient amount to be curative in effect. I believe the protoiodide pill is responsible for a false security which breeds locomotor ataxia in three out of four *treated* cases going on to that preventable and lamentable condition. Whose fault is that?

It may not be a nice method, but in no uncer-

*The same process may take place in the mouth, causing gingivitis, and may be relieved by pressure of finger as for the globule.

tain manner let me state the inunction method of administering mercury is *the* one to cure syphilis. In no other manner can you possibly exhibit mercury to such advantage; have the entire system full to overflowing at one time (saturated); to feel that wherever there is a spirochete there will the mercury be also, and no fear of toxic symptoms. I have small patience with the physician who looks his patient over and calmly tells him he will have to rub for three or six weeks, or for any other fixed time. What has time to do with it, what has a specified quantity of the ointment to do with it, unless it be so specified that he is to rub until *saturated*, be it three days or three months? I want to emphasize just here that there is too much cut-and-dried treatment—too much treating of the name—by stereotyped, textbook, albeit erroneous, methods. Syphilis is a perfectly curable disease if poor treatment does not render it incurable. We have always had the means at hand to cure, but familiarity has bred contempt or rank carelessness.

The method in vogue at Hot Springs is: A bath of sufficient duration and intensity to cause a mild reaction—a light sweat—and just as the patient cools the attendant begins the rub, using the back for the purpose, as little or no hair is encountered in that region. This should be done in a fairly warm room (as "goose flesh" is not conducive to good absorption), continued not longer than 20 minutes, as by this time the skin will have received all the mercury it can hold at one time and further rubbing merely macerates the skin. The ointment not taken up by this time is left on the back and a shirt put on over it. Absorption takes place from it just as soon as the skin is unloaded by the lymph and blood streams. This is continued daily to saturation, when the eliminating baths begin. Small doses (10 to 30 gr. daily) of potassium iodide are given with the administration of mercury to keep it at work, and continued 10 days or two weeks after discontinuing mercury to ensure elimination.

The objection is raised that you cannot carry this out at home. Well, you can come very close to it and do far more for your patient than when you give him a box of protoiodide pills or a bottle of mixed treatment. Eliminate the mercury shirt if you want to, but make him rub—rub till saturated. Not till then is your or his duty done. Better by far call in your chauffeur and make a mercury rubber for your patients than let said patients wander about with a nondescript treatment, only reporting to you when they do not see smooth sailing.

There are many little niceties that may now be allowed the "esthetic unfortunate" that were formerly thought impossible. In a series of tests I have demonstrated that metallic mercury rubs out of its base, leaving the suet, lanolin or vaseline on the skin.* Starting with a dram and a half of the 50 per cent. ointment after a 20-minutes' rub, the residual ointment showed 18 per cent. mercury only, a loss of 28.8 gr. It was noted that the amount of mercury rubbing out was very materially decreased when a preliminary hot bath was not taken. Now, this mercury did not vaporize, for the patient became saturated with it. He did not breathe it, for his back was turned. In order that more might be rubbed in at once, the sides, and even the chest, might be used in addition to the back. Clean up after the rub by mopping with sponge, soap and water; mop it; do not rub it off. Thus can the mercury shirt, with its odor, dirt and "unfriendly feeling," be done away with.†

To avoid the irritation, pustules, or even abscesses that sometimes accompany the rub, have the back sponged thoroughly with pure grain alcohol at the bath, and the bacteria are killed before being rubbed in.

Dosage to me means not a specified amount daily, but how much does it take to overcome the amount daily eliminated and carry the patient on to saturation, and that quickly. It happens that this amount is more often a half ounce daily—often an ounce—and sometimes a dram. When the larger dosage is necessary it is divided into a morning and evening dose, a tub bath before one and a sponge before the other. I have no more trouble in giving these large doses than I do with dram doses, and I get the effect that satisfies both the patient and the physician. I never worry over the mercury I succeed in getting into a patient, but I sometimes do worry over the amount I fail to get in. Mercury is eliminated very rapidly and

*Tests are now under way to determine how many hours before the mercury is all absorbed from the shirt, as only a trace (too small to estimate) could be found at the end of twenty-four hours, and likewise at the end of twenty-eight days' continuous wearing, with a daily rub.

†I use this method at Hot Springs only where comfort is paramount to time, as it takes longer to saturate the patient. It works admirably where man and wife come together and one would fain hide the treatment from the other.

completely, especially if a little iodine is kept after it.

Saturation of the system means that every fluid of the body is practically the medium of suspension for the minute microscopic globules of mercury. As you near this stage the patient complains that the gums are becoming tender* in spite of the massage given five or six times daily. When morning after morning he awakes to find them puffed and requiring considerable pressing to get them comfortable, but has them down before night, he is not far off, and when he fails to get them down he has arrived, and the amount of mercury administered is either cut down very materially in order to hold him just under this point for several days, or is discontinued and elimination begins at once.

If you can and do saturate your patient with metallic mercury, you destroy all the spirochetes in the system—you destroy them in exact proportion to the completeness of the saturation. Any portion of the system not bathed in the mercury may remain a fertile field for their rejuvenation.†

Theoretically, you have here a *therapia sterilisans magna* without harm to the human economy; clinically, it will do the work if you know how to use it and be not afraid. As much as it has been misused and abused, it stands today without a peer as a specific in syphilis.

Salvarsan as a *therapia sterilisans magna* has proved a grand failure; as an aid in the temporary eradication of active lesions it is a tremendous boon. Salvarsan (or its progeny) has come to stay. The day may come when it will be depended on alone, in oft-repeated doses, for a permanent cure, but certainly not until *negative* serum tests mean an absence of syphilis in the system, or until sufficient time has elapsed to note complete freedom of ataxic or other tertian lesions. In the meantime safety lies in the combined treatment with mercury.

It is often stated that salvarsan has cured where the classical treatment has failed, and I cannot help but wonder if those failures received even as full a saturating dose of mercury as they did of the arsenic.

Each day sees an ever-increasing number of salvarsan patients with return symptoms. What of those cases that have no return for six, eight or ten years, then ataxia? Are you ready to depend on your negative serum reaction? My plan has been to saturate the patient with mercury, and at the height of the saturation administer a full dose (0.6 gm.) of salvarsan intravenously. It is my hope that thus few, if any, spirochetes survive. The results have been all that could be desired: the mercury having slaughtered the spirochetes, the reaction has been very mild or altogether lacking. Improvement, specific and general, has seemed more pronounced and abiding. Most certainly the two drugs have worked in perfect harmony. My only deviation from this has been when the patient presented secondaries just beginning, then salvarsan has prevented the humiliation of eruption. This was followed by mercury to saturation, with a second dose of salvarsan at the height of the mercurial saturation, and seemed close to ideal treatment.

Today I think this is the nearest we can come to a *therapia sterilisans magna:* metallic mercury to complete saturation, and salvarsan in full dose intravenously at one and the same time.

If only the spirochetes remained in the blood stream our dream of a "one-shot cure" might be realized, but as yet no preparation of arsenic has been sufficiently emasculated as to render it non-organotropic when an adequate dose is used to saturate the system—not alone the blood stream, the system.

As the continuous effect of mercury on the blood vessels tends to arteriosclerosis and also tends to immunize the germs, it should be used intermittently. An average course to saturation and elimination should take from four to six weeks. Patient should remain free from all anti-syphilitic medication for two or three months, and, regardless of Noguchi and Wassermann tests, should take another heavy course at about that time, with a rest of three or four months following: thereafter, twice a year for at least two years, as insurance against the escape of a single focus containing active spirochetes, remembering that each and every course should be to complete saturation, just as if you were dealing with an open lesion. There should be no such thing as a mild course. Longer treatment than this is surely unnecessary in the average and great majority of

*So many patients come to us with the erroneous idea that they must look for a blue line on the gums that I fear some of their advisers have been mixed in their metals.

†I am quite confident that when serum tests are so perfected that we can depend upon 100 per cent. of them we will find a vast number of specific cases absolutely cured after a saturation treatment of mercury—cases that we must treat several years merely because we don't know whether they are cured or not and cannot afford the chance.

cases, and a serum test may be depended on after this, not before.

What is the rôle of the iodide in the treatment of active syphilis? Merely that of a foreman over a gang of laborers. The iodide, *per se*, is not curative, does not work, but keeps the mercury at work, keeps it from being surrounded by a plastic wall and hiding out in the muscle fibers, causes it to be thrown back into the circulation that it may go to some other cell and deal destruction to any spirochetes that may be found there. If this be so, why should a syphilitic patient begin treatment with the iodides *sans* mercury? Is it customary to hire an overseer and give him no men to oversee? I am aware that improvement is often noted from the use of iodides when none is apparent from the use of mercury, but solely because it has liberated mercury already in the system and enabled it to penetrate the stronghold of the spirochetes.

Just one other point in regard to the iodides in syphilis: I am absolutely sure I have seen vastly more harm done to ataxics by physicians in the administration of large doses of potassium iodide (100 to 300 gr. daily) than any good accomplished; have seen their days materially shortened because of the general softening process produced by iodidism. As a matter of fact, I can see no good for the large doses administered in the course of early syphilis merely because the system can be made to tolerate it. When the urine is loaded and the saliva reeks to heaven with it and the sweat abounds, then, I say, "a-plenty is enough." Ten to thirty grains a day will do this, usually with no digestive or other disturbance.

Yes, there are tertiary lesions that are so walled off that your mercury or arsenic cannot get to them, and they sometimes require the larger dose; but please discriminate, for the others do not.

I want it understood that there is no local prejudice against salvarsan merely because mercurial treatment has been an established institution in Hot Springs for years. It would be the greatest day in the history of that town if it should come about that syphilis was treated and cured at home. Just that minute would our resort fill up with people, sick and well, who are now afraid to go there—afraid their home people will be suspicious.

Doctors almost invariably tell their patients there is no use to go to Hot Springs; the *water* won't cure them. Who ever said the waters of Hot Springs would cure syphilis? I do claim that by getting the patient away from home, business and friends, where everything is given over to the treatment (an impossible state at home), and where the greatest stimulating water* on earth is to be found, where fear is diminished, hope increased, arterial pressure reduced, where elimination is a paramount consideration—before, during and after—that a vastly superior course of treatment can be undergone than when given under the usual handicap at home, and in a much shorter time.

But when you give it at home, give it as thoroughly as possible, not for days, for weeks or months, but to saturation. Let saturation be the goal.

*The stimulation of the Hot Springs baths produces the same desirable physiologic effect as does pilocarpin without any of the dangers or depression concomitant with administration of that drug.

STOKES-ADAMS SYNDROME, WITH REPORT OF A CASE.*

By G. Ward Disbrow.

By this term is designated a very remarkable and obscure complex of symptoms which consist of paroxysmal intensification of an already existing bradycardia, together with vertigo or syncope and epileptiform seizures. Adams in 1827 and later Stokes were the first to describe such attacks, and the disease or syndrome, as it is usually called, is therefore known as the Stokes-Adams syndrome in commemoration of these two famous physicians.

The etiology of the condition has been and still is very obscure, and the cause of much disagreement among prominent physicians and pathologists. Adams' original case was in a man of sixty-eight years, and Stokes' two cases were in men of fifty-six and sixty-eight, respectively, all three of whom presented clinical and post-mortem evidences of cardiac and vascular degeneration. In twenty-one cases collected by Boyer from the literature there were only two whose age fell below fifty years, and it was therefore thought that the disease was limited to individuals well on in years. However, at a later date, Jaquet states that he has found fifteen cases whose ages were below forty, and, including a case of his own, nine that

*Read before University of Maryland Medical Society, February 11, 1913. From the clinic of Prof. Zueblin.

were below thirty, so that the etiologic basis of age alone had of necessity to be discarded.

On the basis of antecedent or concurrent disease, Stokes and other early writers considered the attacks due to degeneration of the heart; Charcot to diseases of the medulla; while Huchard and his pupils regarded it as the result of arterio-sclerosis, particularly of the coronary arteries. In still other cases patients have died during attacks, and upon post-mortem examination no lesions whatever have been found that would throw light upon the subject. In five cases collected by Jaquet, syphilis appears to have had an etiologic connection, as gummata having been found in the heart on post-mortem.

As was the etiology, so also was the pathology, obscure for many years, and it is only of late that light has been thrown on the subject in the great work published by Stanley Kent, His junior, Tawara, Keith and Flack, in which is set forth the results of investigation of the auriculo-ventricular bundle, or bundle of His, which forms a connecting link between the auricles and ventricles, and whose function is of a conducting nature. This bundle is 18 mm. long, 2.5 mm. broad and 1.5 mm. thick, and being of a complicated structure, is usually described in three sections, auricular, nodal and ventricular.

According to Dieulafoys' version of this work, "In the auricular section the fibres are derived from (a) the circular fibres of the right auricle just above the base of the septal or posterior cusp of the tricuspid valve, and (b) the muscular tissue of the interauricular septum at the front and lower part of the septum on its right side just above the anterior end of the base of the posterior cusp. These fibres (auricular and septal) enter the central fibrous body of the heart situated between the aortic and the two auriculo-ventricular orifices where they form the Knoten.

The nodal portion (Knoten) is, as already mentioned, situated in the central fibrous body of the heart; it forms an intricate network of muscular fibre embedded in fibrous tissue.

The ventricular section leaves the nodal section as a single bundle, which represents the main connecting stem between the auricles and ventricles. It runs forward along the upper edge of the muscular portion of the septum between the ventricles, lying just below the pars membranacea septi, and beneath the mesial part of the base of the septal cusp of the tricuspid valve. In this situation the main stem breaks up into its right and left divisions, which pass respectively into the septal wall of the corresponding ventricles. Here each division again breaks up into branches which ramify under the endocardium and form a part of the system known as Purkinje's fibres."

The researches of His, Humblet, Erlanger and Herring have shown that the severance of this bundle produces an absolute independence of the auricular and ventricular contractions. In this case the auricular systole remains normal, whereas the ventricular beatings of the heart are retarded. Excitation of the bundle, on the contrary, induces supplementary contractions of the ventricles. His' bundle is then a conductor of the excitations proceeding from the right auricle and going to the ventricles. When this bundle is destroyed in man the auricles continue to contract normally, whilst the ventricles are retarded, thus realizing the Stokes-Adams syndrome.

Numerous post-mortem examinations have proven the well-grounded theory that the disease is due to a lesion of His' bundle. The latter has been found destroyed by syphilitic gummata, by congenital malformations, by sclerotic myocarditis complicating an old valvular lesion, by cancerous nodules and by acute degeneration of the myocardium.

The symptomatology of the condition may be taken up under three main subdivisions, which, according to the latest edition of Osler's Practice of Medicine, are (a), a very slow pulse, usually of permanent character, but sometimes paroxysmal in type, falling to 40, 20 or even 6 beats a minute, due, as above stated, to blocking of the auriculo-ventricular impulse with resulting ventricular bradycardia. (b) Cerebral attacks constituting vertigo of a transient character, syncope, pseudo-apoplectiform attacks or epileptiform seizures, all due to an anemia of the brain or medulla in consequence of the imperfect ventricular contractions. (c) Visible auricular impulses in the veins of the neck plainly perceptible to the eye as noted by Stokes in his original monograph. These beats vary greatly at 2 to 1, or 3 to 1 rhythm, being the most common, although a 4 to 1 rhythm has been reported. In addition to these three cardinal symptoms Babcock considers Cheyne-Stokes' respiration a significant factor, and Hoffman reports a case in which anaemia

played an important part. These symptoms are not common, however, and can by no means be considered pathognomonic.

The diagnosis of Stokes-Adams disease presents difficulty when the paroxysms are characterized only by vertigo and increase of an already existing bradycardia; however, when the disease has reached the stage in which syncope and epileptiform seizures are also present, there should be little difficulty. The chief condition from which to differentiate is the petit mal stage of epilepsy. Here, however, though the pulse rate is commonly slow, during the seizures it does not become as slow and disordered in rhythm as in Stokes-Adams disease. The age of the patient must also be considered, for, as before stated, Stokes-Adams disease usually occurs in persons well past middle-age. It must be remembered, also, that the epileptiform attacks of Stokes-Adams disease are not characterized by biting of the tongue or involuntary discharge of the excreta.

The prognosis is exceedingly grave and uncertain. Cases have been reported by Hoffman and others without mention of a fatal issue, but such instances do not alter the liability of death when the heart practically stands still for so long a time. In general it may be said that the prognosis depends upon the nature of the cause, if discoverable, and the amenability of the disease to treatment.

The treatment of this affection is unsatisfactory, because in the present stage of our knowledge it must be mainly symptomatic. In a few cases where syphilis appears to have been an etiologic factor potassium iodide in full doses and the mercurial treatment have given good results. In the case reported by Hoffman characterized by marked anaemia, inhalations of oxygen, accompanied by proper diet, seems to have done good, and eventually to have removed the attacks. However, others who have tried these measures claim no good results whatever. Rest is absolutely indicated, especially during the paroxysms. If the patient is confined in bed with the head somewhat lower than the rest of the body, the syncopal attacks may be very much alleviated. Theoretically diffusible stimulants, as ammonia, camphor, ether injections, etc., should be of benefit by arousing the heart to more rapid action. For the same reason and also because of its action as a vasodilator, nitroglycerine should mitigate an attack, but these remedies, while apparently doing good for a time, have been found to fail utterly when resorted to over longer periods. Possibly the treatment that has proven of the most value is morphine in one-quarter grain doses. This is not curative, but by quieting the nervous system and promoting sleep it will help tide the patient over that intense feeling of anxiety and dread so natural in one afflicted with so uniformly fatal a disease.

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CASE HISTORY.

Name, Oliver Joynes; age, 79; widower; address, 809 S. Montford avenue; occupation, sailmaker.

Complaint.—"*Grippe.*"

Family History.—Father and mother dead, age and cause unknown; one brother dead, age and cause unknown; several sisters dead, age and cause unknown; one brother living and well; two sons living and well; three daughters living and well; one son dead, accident.

Exposure. — Lives near the waterfront and says that the neighborhood is infested with flies and mosquitoes.

Personal History.—Venereal diseases denied; moderate user of tea, coffee and tobacco; takes a glass of whiskey daily but has not been intoxicated for a year; previously became intoxicated quite frequently.

Past History.—Denies having had any of the diseases of childhood; history also negative to pleurisy, malaria and rheumatism; had what he calls typho-pneumonia at age of 68; uncomplicated.

Present Illness.—Patient says that about two or three weeks ago he contracted a bad cold with a troublesome cough and that he entered the hospital to be relieved of this condition. At a later date, however, his daughter stated that on November 18 (1912) the patient had an attack of unconsciousness lasting about fifteen minutes, during which he became markedly cyanosed and

his breathing heavy and stridulent. Later in the day he had three similar attacks averaging about five minutes in duration, after the last of which he fell into a sleep lasting about one-half hour. Upon awakening he was confused and so violent in his attempts to leave the bed that force had to be used to restrain him.

During the day following he had four or five similar attacks, but no more up to the time of admission to the hospital, which was November 21st (1912).

Gastro-Intestinal Symptoms—Negative, save occasionally a pain over the liver area after eating and at times a sense of fullness in the stomach.

Pulmonary Symptoms.—Slight dyspnoea on exertion; otherwise negative.

Circulatory Symptoms.—Negative.

Genito-Urinary; Point; Nervous; and Special Sense Symptoms.—Negative.

Physical Examination of Oliver Joynes, Ward I, Case 4, University Hospital, December 3, 1912.

GENERAL INSPECTION.

Patient in dorsal decubitus position. *Shows* a fairly well nourished adult white male about 70 years of age. Conscious and rational. Head well formed but forehead somewhat sloping toward the vertex. Scalp well covered by white hair, no areas of alopecia, and no scars visible. Veins of temporal area of forehead enlarged and visible but show no pulsations. Eyes react sluggishly to light and accommodation and are equal. Ocular motion good. No strabismus. Von Graefe's, Stellwag's and Moebius' signs negative. Ocular conjunctiva clear. No corneal opacities. Palpebral conjunctiva slightly anaemic. Nose well formed. No deviation of septum. No discharge. Ears well set in relation to frontal angle. No tophi. No Wollners' tips. No Darwinian tubercles. No discharge. Patient totally deaf in both ears. No mastoid tenderness. Mouth: Mucous membrane of good color; tonsils not enlarged; tongue protrudes in mid line with fine tremor; no fissures or coating; upper teeth absent; gum in good condition; lower teeth in fair state of preservation, but with marked pyorrhea alveolaris. Neck well formed. Skin loose and flabby. No torticollis. No tumors. No tracheal tug and no palpable glands. At base of neck in episternal notch and on both sides of the neck anterior to the sterno-cleido-mastoid muscle are visible venous pulsations. These pulsations being apparently twice as frequent as the cardiac impulse (76-38). Chest: Well formed with well marked signs of emphysema. Skin on both sides, most marked on the right, shows a reddish, dry shiny, scaly, irregular, slightly raised eruption. Cardiac impulse visible in sixth interspace about five inches from the mid sternal line. Abdomen: Skin relaxed and flabby; no scars; no herniae. Arms show tatoo marks. No scars. No enlarged axillary or epitrochlear glands. Genitalia show no scars and no varicocele. Legs, no scars, ulcers or varicosities.

Chest.—Heart area. Inspection. Cardiac impulse in the sixth interspace about five inches from the mid sternal line. Impulse forcible but slow, rate being 38 at the time of examination. No thrills over cardiac area. Percussion. (Relative dullness). Base in second interspace. Right border beneath right para sternal line. Left border extends from about three inches to the left of the mid sternal line in the second interspace, curving outward and downward to meet the point of maximum impulse in the sixth interspace about six inches from the mid sternal line. (Absolute dullness). Extends from fourth interspace to base vertically along the left para sternal line, and from left para sternal line about 2½ inches to the left. Auscultation. Systolic murmur soft and blowing in character, heard loudest over the mitral area, and transmitted to the axilla. Murmurs are also audible over other valve areas, and is transmitted very distinctly to the right side of the neck. Second pulmonic sound accentuated silghtly.

Lungs.—Inspection. Expansion normal and equal on both sides. Palpation. No tactile fremitus. Percussion. Right front shows slight impairment of note from apex to about the third rib. Rest of chest slightly hyperresonant. Auscultation. Right front, breath sounds increased and expiration prolonged from apex to third rib, with a few fine crackling rales, otherwise normal. Left front normal. Right back, breath sounds increased and expiration prolonged. From apex to about the second dorsal vertebra are a few fine crackling rales. Left back normal.

Abdomen.—Spleen and kidneys not palpable. Liver dullness somehwat increased and appears for about one inch below the right costal margin. Upper boundary at seventh rib. Lower border not rough or nodular. Abdomen not distended,

painful or tender. No masses palpable. No scars or herniae. Inguinal glands not enlarged.

Reflexes.—Knee jerk slightly increased. Other reflexes normal.

Pulse.—Rate 38. Equal on both sides. Volume, tension, force, rhythm good. Radial arteries sclerotic as are also the femoral, brachial and temporal.

Blood Pressure.—Systolic 212. Diastolic not obtained. (Dr. Zueblin.)

REPORT BY DR. W. H. SMITH ON HEART FINDINGS.

Owing to the emphysematous condition of the lung the heart area cannot be mapped out with any degree of accuracy. The point of maximum impulse can neither be seen nor felt but is best heard in the sixth interspace somewhat toward the anterior axillary line. Over the P. M. I. can hear a rather rough blowing murmur occupying both systole and diastole, well transmitted to the left axilla and heard along left scapular border. Over the tricuspid area can hear the first sound accompanied by a soft systolic and followed by a long drawn-out diastolic murmur. Over aortic area a presystolic rumble, a systolic murmur and diastolic rub is heard, and a soft systolic and diastolic click is heard over the pulmonic area.

Liver border is not palpable but a definite resistance is experienced below right costal margin, and the area of dullness is found to extend from the seventh rib to about two fingers' breadth below the costal margin in the mammary line.

Bedside Note.—11.30.12. Patient seems brighter and not as nervous as on admission. Pulse 38 per minute. Cervical pulsations much more frequent. No more syncopal attacks. Sleeps much better. (Dr. Allgood.)

Discharge Note.—12.17.12. Patient leaves hospital today with cardiac condition unchanged but pulmonary symptoms entirely gone. At time of discharge pulse was 30. Temperature 98° F. and respirations 24 per minute. (Dr. Rauschenbach.)

TEMPERATURE, 98.4°.

LABORATORY EXAMINATION.

Blood.

Erythrocytes—4,016,000.
Hemoglobin—85%.
Color index + 1.
Leucocytes—7600.
Polymorphonuclear—38%.
Lymphocytes—60%.
Mononuclear—1%.
Transitional—1%.
Basophiles—none.
Eosinophiles—none.
Platelets—few.
Poikilocytosis—none.
Polychromatophilia—none.
Granular basophilia—none.
Macrocytes—few.
Microcytes—few.
Normoblasts—none.
Megaloblasts—none.
Myelocytes—none.
Bacteria—none.
Malaria—none.
Hematin crystals—none.

Feces.

Color—olive brown.
Consistence—putty-like.
Odor—strong fecal.
Blood—none.
Pus—none.
Mucus—none.
Calculi—none.
Connective tissue—none.
Muscle fibers—none.
Foreign bodies—none.
Chemical:
Blood—none.
Hydrobilirubin +.
Microscopic:
R. B. C.—none.
Pus cells—none.
Epithelial cells—few.
Crystals—fat acids.
Meat fibers +.
Connective tissue +.
Starch cells—few.
Free fat—none.
Fat acids +.
Parasites—none.

Urinanalysis.

Amber.
Alkaline.
Turbid.
1022.
Sugar—none.
Albumen—trace.
W. B. C.—few.
Few pus cells.
Epithelial cells.
Triple phosph.
Amorphous phosph.
Debris.
Urea—gm. 15.

Wasserman. Blood—negative.
Spinal fluid—not done. (Dr. Maldeis.)
Spinal puncture—not done.

ARRESTING OF HEMORRHAGE IN OPERATION.

By C. C. Tollison,
Junior Medical Student.

Hemorrhage is the loss of blood from either arteries, veins or capillaries, whether inside a body cavity or on the surface. Hemorrhages are classified according to the time of their occurrence, as primary, which is the bleeding which occurs at the time of the wound; intermediary or consecutive, that which occurs within 24 or 48 hours after the reception of the injury, which generally takes place during the time of reaction, and lastly, secondary hemorrhage, which usually occurs from 48 hours after the wound until the healing of it.

It is our purpose to discuss here the arresting of hemorrhage during an operation or bleeding from an incised wound due to surgeon's knife. Thus, we are to deal mainly with primary hemorrhage. There are a number of ways of stopping the bleeding while operating, but the method most used nowadays is the hemostatic forceps. The use of these instruments has done much to reduce shock following operation due to loss of blood. They are used usually only temporarily. The surgeon or his assistant claps each vessel as it is cut. The forceps are then usually allowed to remain until the operation is over. The use of the hemostatic forceps have been found useful in most all operations, as in amputation, removal of tumor, abdominal operations, in which their utility was first demonstrated.

Another measure used to render the limbs bloodless during operation is what is known as Esmarch's bandage and tube. This apparatus consists of a rubber bandage two and a half inches in width and three to four yards in length; also a rubber tube two yards in length, to one end of which is attached a hook and to the other a chain. The bandage is first applied to the limb by beginning at the lower extremity and applied firmly, each turn overlapping the one below, to a point a little above the point of operation. The tube is then wound firmly around the limb at the upper end of the bandage, thus stopping the circulation. The bandage is now removed and a practically bloodless operation can be performed.

There are a number of other methods used in controlling hemorrhage, such as the Spanish windlass, Lister's aorta compressor, Petel's tourniquet, Signorini tourniquet and numerous other methods which we will not discuss here.

After the surgeon has completed his operation it is necessary to make the closure of the vessels permanent. The method mostly used now is by ligature. The ligature was known back through the ages, but was first rediscovered by Pare, a Frenchman. The material used is usually fine silk or catgut. The vessel must be drawn out, and after separating it from its sheath for a small area the ligature is applied. This is a very useful method in some major operations, where the artery is first ligated and then cut below the ligature.

Immediately after the operation where the hemostatic forceps have been used, the operator will take each vessel and tie it off before removing the forceps, thus rendering secondary hemorrhage more impossible.

Another method used in arresting hemorrhage while operating is torsion. By this means the internal and middle coats are ruptured and the other or outer coat is twisted. The middle coat retracts and the inner coat is inverted into the lumen of the vessel. This method is not used as much nowadays as formerly, the ligature being just as quick, and more aseptic.

Other methods used are acupressure, which is seldom used in operations. Elevation is used as a temporary expedient or in association with other method. Also compression is another method used, as in plugging in removal of the lower jaw and other like operations. Styptics are sometimes valuable in the arresting of hemorrhage. There are chemical substances, as calcium chloride, gelatin and supra-renal extract, used in connection with bleeding. The actual caudery is very valuable in stopping bleeding, also hot water. But the method most used in operating has been explained in the beginning, the use of the hemostatic forceps, followed by tying off the vessel after completion of operation.

The Baltimore *Sun* of Wednesday, March 12, announces that seven new physicians have been appointed at Bayview, among them being Dr. Philip J. Bean of the senior class and Dr. Nathaniel J. Gould of the same class.

TRIGGER-FINGER.

By H. Ray,
Junior Medical Student.

Trigger-finger is a comparatively rare surgical condition found in adults, who have been employed in more or less rough work. In about 50 per cent. of the cases there is a history of previous rheumatism, although there is no definite proof of relationship. The jerk is usually on extension, but may also be present on flexion or both. The patient can usually close the fingers, but on trying to open the hand one finger remains closed, which can be extended by the aid of the other hand, but does so with a jerky or snapping movement, and resembles very much the movement of a knife blade. In about 10 per cent. of the cases two fingers are involved, and most frequently the ring and middle fingers of the left hand, these usually lock at the knuckle joint on attempting flexion. The locking usually occurs when about one-third the amount of flexion necessary to grasp an object is achieved; by bending the fingers with the other hand, unlocking is accomplished and flexion is finished voluntarily. In a number of cases when extension is attempted, locking occurs at the same point, the removal of which may be accomplished by same movements as in flexion.

The condition is gradual in onset, and in most cases pain is noticed on locking, but not always present. It is thought by some to be due to an enlargement of the flexor tendons, or to a contraction of the groove in the transverse ligament in the palm. It also may be due to a ganglion, enchondroma or tenosynovitis. Traumatism or irritation may be the cause in conditions where the tendon-sheath has become thickened or a node on the tendon, which rubs against a sesamoid bone.

Treatment.—In conditions where ganglion, loose cartilages or tendon nodules are present, treat by excision. A sesamoid bone may also be excised. If there is inflammation present, massage and counter-irritants may be used. If there is no obvious cause, place a compress over the tunnel in the ligament and apply a splint, which is allowed to remain for two or three weeks.

Prognosis is usually good if treated early.

SCHEDE'S OPERATION.

By Vernon S. Wilkinson,
Junior Medical Student.

DEFINITION.

1. Resection of the thorax for chronic empyema or other condition of thorax.

2. An operation for varicose veins of the leg.

Schede's operation on the thorax is an operation indicated in old cases of empyema in which drainage has failed, in cases with retracted chest wall, collapsed lung, thickened pleura and cavities whose rigid walls will not collapse, these conditions are often seen a year or more after a thoracotomy.

The instruments used in Schede's operation are the same as those used for the resection of a rib, and the position of the patient is the same; that is, he lays partly or wholly on the sound side.

The patient having been prepared and given the anesthetic, the instruments sterilized, and the operator and his assistants prepared, we are now ready to start the operation.

A U-shaped incision is made from the level of the axilla in front to the second rib midway between the spine and scapula behind; the lowest level of this incision corresponds to the lowest limit of the pleura.

The flap made by this incision is then loosened and raised and the scapula is lifted with it. Then the ribs from the second down are cut behind at the tubercles, and from the second down at the costal cartilage in front. These ribs are then removed along with their intercostal muscles and pleura. This is accomplished by cutting with bone shears, scissors and scalpel. Hemorrhage is arrested and the pleura is cleaned and curetted. A drainage tube or piece of iodoform gause is introduced and the raw surface is laid against the visceral layer of the pleura. Then the superficial incision is sutured, except at the point where the tube or gauze emerges.

The mortality from Schede's operation is from 15 to 20 per cent.

A Lascar employed on board the British steamer Swazi was brought to the University Hospital and it was found he was suffering with beri-beri. It is rarely that the disease is seen in this section.

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NATHAN WINSLOW, M.D., Editor

BALTIMORE, MARCH 15, 1913.

THE NEW EDUCATIONAL REQUIREMENTS PRELIMINARY TO THE STUDY OF MEDICINE.

Considerable misapprehension seems to exist in regard to the new educational requirements adopted by the Association of American Medical Colleges at Chicago on February 26. A fifth year was not adopted, though it certainly will be in the near future. The new regulations are entirely pre-medical, and at this time have not been definitely settled. After January 1, 1914, those desiring to study medicine will be required to have graduated from a high school giving a four years' graded course superimposed upon eight years of primary and intermediate school work. Of course, work done in private schools, academies or normal schools of equal value will be accepted instead of the public and high school work. Fourteen units of work must be offered, seven units being required and seven units elective. A unit is the credit value of 36 weeks' work of five recitation periods per week, each recitation period of not less than 45 minutes. In addition to this, a year of college work in chemistry, physics and biology will be demanded, and probably either a foreign language or English. It is uncertain at this time whether German, French or English will be made compulsory; also it is still undecided whether a freshman year in a college will be required, including amongst other subjects chemistry, physics, biology and a language, or whether a year's work in the above mentioned subjects only will be required. A joint committee of the Council on Medical Education of the American Medical Association and of the Association of American Medical Colleges, of which Prof. R. Dorsey Coale is a member, will meet in Chicago the latter part of this month and definitely settle this point. This regulation does not go into effect until January 1, 1914, and consequently will not affect students entering medical schools next October.

THE RECENT MEETINGS IN CHICAGO.

Professors Coale and Winslow attended the educational conferences and the meeting of the Association of American Medical Colleges, held at Chicago February 24-26, and were careful and interested observers of the trend of thought in regard to medical education. A wave of reform and advance in medical education has swept over the country, and those institutions that cannot or will not keep up with this advance will be compelled to go out of existence. The Association of Medical Colleges will not admit to membership schools that are not in Class A, and members that fall below this rating are dropped. Practically all the best medical schools are now members of this Association. Diminution in the number of medical schools goes on apace, and at the close of the present session a considerable number will be eliminated, either by merger or by closure.

MONEY.

"The love of money is the root of all evil." We have no particular love of money, and consequently might think the above quotation inapplicable to ourselves or to our school; but we find that it only requires to substitute another word of four letters for that of "love" and the rest of the quotation applies to us with great force. The *lack* of money is the root of all evil. We must have money beyond that received from students, or we cannot go on indefinitely. For 24 months the writer has been trying to interest our own alumni in raising a fund of $100,000 to put the pathological department on a firm basis. He has not been very successful, but he is willing to continue to work for this object and to give his time and his money toward the attainment of this essential condition. We do not need destructive criticism, but we need sorely constructive assistance. Help us by contributing to this fund, by working for it among your friends, and

if in no other way, at least by encouraging and cheering us in our efforts.

CONTRIBUTION BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	81 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	252 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	175 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	340 00
1904	135 00
1905	220 00
1906	185 00
1907	120 00
1908	45 00
1909	15 00
1910	50 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
Total subscriptions to Mch. 1, 1913.	$10,422 17

NEW SUBSCRIPTIONS IN FEBRUARY, 1913.

Horace B. Titlow, 1908	$25 00
Wm. Tarun, 1900	5 00
Total	$30 00

ITEMS

Alumni of the University feel a certain interest in the coming marriage of Dr. Joseph Albert Chatard of Baltimore to Miss Alice Marie Whelan. Dr. Chatard is a Hopkins graduate, but is the son of the late Dr. Ferdinand Edmo Chatard, Jr., a graduate of the University in 1861, and a grandson of the late Dr. Ferdinand Edmo Chatard, class of 1826. It is noteworthy in passing that Dr. Ferdinand, Sr., was also the son of a physician, Dr. Pierre Chatard.

A reception will be tendered Dr. Thomas Fell, Provost of the University, on Thursday, March 27, 1913, at 6.30 P. M., at the Hotel Rennert, by the General Alumni Association.

The March, 1913, issue of "The Human Factor," published by the Equitable Life Assurance Society of New York, contains a picture of Dr. Watson Smith Rankin, class of 1901, and a portion of his address before the recent meeting of Life Insurance Presidents. Dr. Rankin said, in part:

"A city of 20,000 population, one of the best cities of my State: Were the people of that city conscious of the condition shown on these charts? Let us see. Five of the most representative and intelligent citizens of the city were called over the telephone and asked to answer two questions without requesting any explanation from their interrogator. One of the five was a college president, another a State official, another a practicing physician, another a banker, and the other one a leading merchant. The first question asked each of them, independently, was: 'What is your opinion of the health of your city?' As if it were a grave sin against their patriotism to consider such a question for even a moment, they all unhesitatingly answered 'Good.' The second question, which immediately followed their answer to the first, was: 'How many people would you say died in your city last year?' With some verbal sparring, with noticeable hesitation, all the five realizing that their answer to the first question presupposed aiblity to answer the second question, the answers came. Three said there were 60, one 100, and one 300 deaths a year. As a matter of fact, there were 508 deaths, but 72 less than the sum of their 5 guesses. These were

representative citizens; and their answers to the questions propounded showed how unconscious the people of that city were of their real health situation."

The *Sun* published the following recently:

In the third-year class of the medical department of the University of Maryland is a young Filipino of a studious nature and popular alike with his fellow-students and teachers. He is a nephew of Auginaldo, former chief of the insurgents in the Philippines. His name is Faustino Sarinas.

He is a native of the Cavite province, Luzon, and was educated at Manila College and at St. Thomas University, Manila. A year ago last summer he came to this country and entered Valparaiso University, Valparaiso, Ind. He entered the University of Maryland last fall.

Asked regarding Auginaldo, Sarinas said in his quaint English: "Uncle is a farmer now. I don't believe he is bothering much about politics. You can't tell though, for he never says much.

"My people are able to govern themselves. They are not like the Mexicans, not so wild and excitable. We were all glad the Democrats won in the last election, for we believe the leaders of that party to be our friends. But since the election we have heard of Democratic Senators who are opposed to freedom for the Filipinos, so we don't know."

Sarinas was accompanied to Baltimore by a young cousin, Juan Puyaval, who is in the freshman class. After graduating they expect to return to their native country to practice.

A theater party and benefit will be held by the Alumni Athletic Association on March 26, afternoon and evening, at the New Academy of Music, to see Christie MacDonald in Victor Herbert's new opera, "Sweethearts." This is the premier production of "Sweethearts," and we are unusually fortunate to secure a benefit performance for this play. March 26—University Day!

Dr. Henry J. Berkeley, class of 1888, is named as clinical professor of psychiatry to the Phipps Psychiatric Clinic at Johns Hopkins Hospital. The University conferred the honorary degree of Doctor of Science upon Dr. Berkeley in 1907.

A portrait of the late Dr. Christopher Johnston will shortly be presented to the Medical and Chirurgical Faculty of Maryland to be hung in their building, on Cathedral street. The picture, which is 20 by 24 inches, is the latest achievement in photography. It is taken from a photograph of Dr. Johnston which was made shortly before his death.

Dr. Johnston was the president of the Medical and Chirurgical Faculty in 1886 and 1887. He was also professor of surgery at the University of Maryland at the time of his death. During Dr. Johnston's life he was one of the leading surgeons in Baltimore. Many of the principles of surgery he taught and put into practice were ahead of his day, and since his death they have been adopted by the most celebrated surgeons in this country.

Dr. Johnston was born in Baltimore in 1822, and died October 11, 1891. He was educated at St. Mary's College in Baltimore, St. Mary's College in Cincinnati and at the University of Maryland, class of 1844. He was a warm and personal friend of Cardinal Gibbons. After practicing in Baltimore for several years he went abroad to study in Paris and Vienna. While in Europe he also traveled extensively in Spain. In 1853 he became associated with the Maryland Medical Institute, and when Dr. Nathan R. Smith, one of the most noted surgeons in this country, died in 1881, he succeeded him as professor of surgery at the University of Maryland.

He attended as a delegate the International Medical Congresses held in 1881 in London, and in 1884 in Copenhagen. Among others he was entertained by the King of Denmark. Dr. Johnston visited Europe in 1886 and traveled extensively through Norway, Russia and Sweden and wrote many interesting letters to the *American*. Dr. Johnston was a contributor to the Army Medical Museum in Washington. He was a member of St. Andrew's Society, of which his grandfather was one of the founders.

Dr. Johnston was a personal friend of the late Edwin Booth, the celebrated actor. When Booth had his arm pierced by George Vanderhoch in the fencing scene in Hamlet, Dr. Johnston was called to dress the wounds. On the next night Booth played Richard III at Ford's Grand Opera House with his arm in splints.

Only two of Dr. Johnston's children now reside in Baltimore, Dr. Christopher Johnston, professor of oriental languages at the John Hopkins University, and H. Morris Johnston, a member of the local staff of the Baltimore *American*.

Prof. Randolph Winslow attended the annual dinner of the Pennsylvania branch of the General Alumni Association of the University of Maryland, held at the Continental Hotel, Philadelphia, on February 13 last. He made the chief address on the "New Era at the University." Among those present were Drs. James E. Clawson, '55; Lewis H. Adler, '59; J. Bruce McCleary, '92, and Newton W. Hershner, '06.

Professor Winslow was also one of the speakers at the dinner of the St. John's Alumni, held at the Hotel Belvedere, Baltimore, on February 15. His subject was the "Relation of the University to St. John's College."

Dr. Fell, in talking to the Baltimore Alumni Association of St. John's College, said the following with reference to his selection as Provost of the University:

We are assembled here this evening as members of a university to emphasize the fact of our existence as such, and to offer mutual congratulations upon the good prospects which constitute our environment. I am, therefore, disposed to be optimistic as to the future.

It is extremely gratifying to me that the regents of the professional schools of the University of Maryland have placed the guiding reins in my hands, and have manifested their confidence in me by calling me to the work of directing its policy, as provost, a position which has previously been held by most distinguished men of the State. We have entered upon a time when the great problems of higher education in Maryland have to be solved. Johns Hopkins University, Goucher College and the Maryland Agricultural College are without presidents, and the trustees of these institutions are struggling with their financial burdens and endeavoring to find leaders who will guide them to a higher plane of usefulness.

They may not have the brilliancy which but flashes and then goes out, but they have, as a class, the ability which grows slowly at first, yet keeps on growing till it attains mastery, leadership and power. The college which has such a foundation on right educational principles, such a history of achievement in all professions, such a body of men of light and leading at St. John's can show to the world today, has a right to win and prosper and to claim the utmost sympathy and support of the alumni. Out of this deep soil of the soul there springs the white flower of loyalty, and where we have loyalty in a man's soul to his alma mater, we recognize a sentiment that has a directing influence, not only on a man's life, but also in his ability and willingness to upbuild the college to which he belongs.

If students of St. John's College have any characteristic which distinguishes them from the general mass of students it is a vigorous independence of intellect and character, which has in it the potentiality and the promise of a high order of ability.

Among those present at this banquet were Drs. Randolph Winslow, class of 1873; James A. Nydegger, class of 1892; J. Fred Adams, class of 1894; J. Clement Clark, class of 1880, and Wirt A. Duvall, class of 1888.

An increase of salary is asked for Dr. Ralph C. P. Truitt, class of 1910, chief physician of the insane department at Bayview Hospital, by the president of the Board of Supervisors. Dr. Truitt now receives $1500 a year, and $2000 is asked. It would be hard to find a broader compliment to his work there.

Resolutions of regret on the death of Dr. Richard C. Massenburg, class of 1884, for many years health officer of the Ninth district of Baltimore county, have been drafted by the district health officers, sitting as the Sanitary Board of the county, and will be entered on the minutes of the board and a copy sent to the family.

The resolutions set forth that in the death of Dr. Massenburg the board lost a physician who was always active and zealous in his work to relieve suffering and protect the health of the citizens of the county and prompt to advance the interests of his profession. Dr. Massenburg was the father of Dr. George Yellott Massenburg, class of 1911.

By request we publish a list of the graduates of the University Hospital Training School for Nurses:

CLASS OF 1892.

Anne E. Lee (Mrs. Fred. Lovenskiold, U. S. A.).
Anna Schleunes, Baltimore.
Caroline Culbertson (Mrs. Lenschow).
Amelia Mill, Baltimore.
Leila Denham, Baltimore.
Mary E. Goldsborough, Centreville, Md.
Mrs. Kate C. Lucas, Staunton, Va.
Janet Hale (dead).
Clare Murgardt (Mrs. Riefsnider), Baltimore.

CLASS OF 1893.

M. Ella Bradbury, Baltimore.
Emma Daly, Baltimore.
Elizabeth Schertzer, Baltimore.
Mary E. Cornman, Florida.
Martha Michael, Richmond, Va.
Susan Ravenel, Aiken, S. C.
Mary Williams, North Carolina.
Eleanor Mayes, Richmond, Va.
Elinor Van Sandvort (Mrs. Miner), Frederick, Md.
Martha A. Pyatt, North Carolina.

CLASS OF 1894.

Bessie Anderson, Baltimore.
Constance P. Milner, Baltimore.
Mary E. Thompson (married), Wisconsin.
Venie Weitzel (Mrs. C. H. McNabb), Macton, Md.
Lucy H. Morgan (Mrs. Wm. Bachelor), Lock Haven, Pa.
Carrie M. Bonn (Mrs. Barwick), Calverton, Md.
Mary A. Brown (dead).
Emma Magruder, Baltimore.
Emma C. Murgardt, Baltimore.
Rose H. Haas (Mrs. Fred. Pfohl), Wisconsin.
Evelyn F. Judd (Mrs. Buguid), North Carolina.
E. Grace Thackston, Atlantic City, N. J.
Bessie A. Read, Baltimore.

CLASS OF 1895.

Mrs. Marie Edmunds (Mrs. Thorton), Winston-Salem, N. C.
Mary E. Rolph, Baltimore.
Addie M. Harry, Baltimore.
Myra F. Jones, Baltimore.
Sallie E. Blake, Tallahassee, Fla.

CLASS OF 1896.

Elizabeth C. Lee, Baltimore.
Lucy Slicer, Baltimore.
Mrs. Cora M. Wilson, Baltimore.
Wilhemina Shipley, Kansas City, Mo.
Frances M. Robey, Baltimore.
Mary E. Frampton (married), Baltimore.

CLASS OF 1897.

Mary F. Turley (dead).
Christine Brooke, New York.
Susan M. Jones, Baltimore.
Annette Slicer, Baltimore.
Mary E. Baldwin, Baltimore.
Florence M. Crow (Mrs. Charles W. Mitchell), Baltimore.
Katherine N. L. Watkins, Baltimore.
Mary A. Russell, Baltimore.
Josephine C. Lashley, Kansas City, Mo.
Athalia Lord, Charlotte, N. C.
Mrs. Ella D. Cohen, Baltimore.
Mary C. Clegg (married), Baltimore.

CLASS OF 1898.

Belinda A. E. Rassell.
Agnes M. Maupin (dead).
Eunice W. Hughes, Baltimore.
Nannie J. Lackland, Portland, Ore.

CLASS OF 1899.

Margaret S. Brown, Washington, D. C.
Blanche H. Pitman (dead).
Katherine H. Edwards (Mrs. Koontz), Steelton, Pa.
Bernadine Llewellyn, Baltimore.
Sarah V. Smith, Baltimore.

CLASS OF 1900.

E. Sophie Featherstone, Havre de Grace, Md.
Margarita Blight (Mrs. Le Sueur), Baltimore.
Myra P. Hobbs, Baltimore.
Lena L. Gilliland (Mrs. Jones), Winston-Salem, N. C.
Nannie H. Jones, Richmond, Va.
Louise D. Milton, Baltimore.
Martha M. Little, Baltimore.
Eliza B. Gray, Washington, D. C.

CLASS OF 1901.

Kate Furbee, Parkersburg, W. Va.
Martha A. Fendal (Mrs. Cushing), Canada.
Kate Blake (dead).

Pauline V. Mosby, Baltimore.
May C. Burnett, Spokane, Wash.
Grace L. Anderson, Baltimore.
Frances B. Daniel, Trudeau, New York.
Emmeline K. Blight (married).
Mary V. Dowdell, Baltimore.
L. Eugenia Henderson, North Carolina.
Mamie Cooke, Baltimore.
Mary Scott Jones, Charlottesville, Va.

Class of 1902.

Helen V. Wise, Charlotte, N. C.
Mary W. Gregory (dead).
Nancy Kinnirey (Mrs. J. Howard Iglehart), Baltimore.
Grace L. Dunderdale (Mrs. W. Koppleman), Baltimore.
Martha S. Raines, Savannah, Ga.
Nettie L. Flanagan, De Soto Sanitarium, Jacksonville, Fla.
Emma C. Burch, Baltimore.

Class of 1903.

Mary C. Miller, Presbyterian Eye, Ear and Throat Hospital.
Elizabeth W. Craft, Baltimore.
Mary E. Elgin (Mrs. A. H. Mann), Poolesville, Md.
Margaret C. Byrd, Baltimore.
Sara Reeves Blandford, Baltimore.
Louise I. Craig (Mrs. J. U. Dennis), Baltimore.
Annie E. King, Baltimore.
Mary A. Northrop, Charlestown, N. C.
Ella T. Gallagher, Baltimore.
Albina Cooke (Mrs. Dawson Reeder—dead).
Annie H. Reeves, Baltimore.
Margaret K. Massey (Mrs. Nathan Winslow), Baltimore.

Class of 1904.

Mae Parrott, Still Pond, Md.
Lucy Ladd Bush, Richmond, Va.
Laura M. Gaskill, Cumberland, Md.
Florence I. Dilworth, Jacksonville, Fla.
Lela Munder, Baltimore.
Louise T. Walker (Mrs. Louis Cassard), Baltimore.
Christine M. Lewis, Baltimore.
Sallie T. Daugherty, Baltimore.
Pattie R. Guerrant, Los Angeles, Cal.
E. Janie Guerrant, Baltimore.
Nancy L. Walton, Annapolis, Md.
Harriet Schroeder, Baltimore.

Class of 1905.

Nellie R. Ferrell, Mare Island, Cal.
Nellie H. Hilliard (Mrs. Lewis C. Covington), Rocky Mount, N. C.
Ruth R. Kuhn, Waycross, Ga.
Dora I. Brosene, Baltimore.
Carlotta L. Schaeffer (Mrs. Thomas Murphy), Rocks, Md.
Lelia G. Owings (Mrs. E. B. Quillen), Rocky Mount, N. C.
Eleanor V. Gildea (Mrs. Eugene Mullan), Annapolis, Md.
Lila H. Trenholm (Mrs. Walton Hopkins), Annapolis, Md.
Letty T. Jones (Mrs. S. T. R. Revell), Louisville, Ga.
Elizabeth R. Bayly, Baltimore.
Millicent Geare (Mrs. Page Edmunds), Baltimore.
Margaret B. Cowling, Baltimore.

(Continued next month.)

UNDERGRADUATE NOTES

Under the Supervision of E. Kilbourn Tullidge.

Mr. E. Kilbourne Tullidge, 1913, has received a communication from Dr. W. Travis Gibb of New York, offering him an appointment at Blackwell's Island, New York City. The workhouse there has 1600 inmates and 100 beds in the hospital. The City Home there has 2500 to 3000 inmates and 400 in the hospital.

The following men took the United States Civil Service examination early in February and will be eligible for appointments in the Indian service upon receiving their diplomas in June: E. Kilbourne Tullidge, 1913; Franklin D. Murphy, 1913; Frederick L. McDaniel, 1913.

President Norbert C. Nitsch of the Senior medical class has recovered from his illness, and is now again attending classes. Mr. Nitsch has

received an appointment as interne at St. Agnes' Hospital to begin June 1, 1913.

We are very glad to report that Mr. Herman M. Perez, 1913, has completely recovered from a severe attack of influenza.

Members of all departments of the University will be delighted to know that Prof. John C. Hemmeter has recuperated from a rather protracted illness and will soon be among us again to deliver his enjoyable lectures on Physiology and Gastro-Enterology.

One of the most successful affairs of the year was a ball given by the Delta Chapter of the Kappa Psi Fraternity at Lehmann's Hall on the evening of February 17, 1913. The hall was beautifully decorated with college and fraternal emblems, and many of the season's debutantes were present. The patronesses were Mesdames G. Carroll Lockard, Dawson Reeder, J. F. Hawkins, George W. Hemmeter, Frank Black, Randolph Winslow, L. E. Neale, Gordon Wilson, Arthur M. Shipley, Joseph Holland, E. F. Kelly, Page Edmunds and Hamilton Slusher.

Dr. Lockard has given his semi-annual term examinations to the Junior class on clinical microscopy.

Mr. Frederick R. Devine of the Senior medical class, who took the examination for interneship at St. Joseph's Hospital in Providence, R. I., during the early part of February, has received word that he was a successful competitor.

Dr. Irving J. Spear has completed his lectures on Mental Diseases before the Senior medical class, and will devote the remainder of the session to Diseases of the Nervous System.

At the regular monthly meeting of the Randolph Winslow Surgical Society papers were read by Mr. G. Ward Disbrow, 1913, on "Gall Stones, Their Symptoms and Treatment." Mr. L. D. Cremin, 1913, on "Regeneration and Repair of Tissues Associated with Skin-Grafting."

Professor Ernest Zueblin wishes to announce through THE BULLETIN that the following members of the Senior class have shown special aptitude for the work of the course in medicine: Earle Griffith Breeding, 1913; Vertie E. Edwards, 1913; William Tillman Martin, M. C. Smith and Leo M. Cavanaugh.

Professor Timberlake announces that instead of his annual practical examination he will hold a written theoretical examination on Genito-Urinary Diseases.

Examinations held on February 1 for Interneship to begin September 1 at the Union Protestant Infirmary were taken by Messrs. Elmer Newcomer, 1913; T. Ruffin Pratt, 1913, and Leonard Hays, 1913.

Mr. Charles R. Edwards, 1913, entertained his brother during the inauguration. Mr. Edwards is in charge of the railroad department of the Pittsburgh Y. M. C. A.

Mr. John T. Beavers, 1913, has resigned his position as clinical assistant and is now residing outside the hospital.

Among Maryland men in the inaugural parade were Dr. Frank Lynn, Dr. William J. Coleman, Dr. C. W. Rauschenbach, Dr. James Archie Duggan, Mr. Norbert C. Nitsch, 1913.

As a result of the examination held at Bayview Hospital on Friday, February 8, 1913, for interneship the following men were offered appointments in the Surgical, Tubercular and Neurological Departments: Messrs. Philip Jenifer Bean, 1913; Nathaniel Jay Gould, 1913, and T. Ruffin Pratt, 1913.

Dr. James Archibald Nydegger, class of 1892, Surgeon U. S. P. H. S., has kindly submitted for publication in THE BULLETIN the following resume of his course in tropical medicine. These lectures are given in College Hall.

Memorandum of lectures on Tropical Medicine, Maryland University School of Medicine. Dr. James A. Nydegger, Surgeon U. S. Public Health Service.

January 13, 1913. Lecture 1, by Dr. Nydegger.—Introductory, "History of Tropical Medicine from Ancient Times Down to the Present."

January 20, 1913. Lecture 2, by Dr. Nydegger.—"Dysentery, Bacterial, Protozoal, Pseudo."

January 27, 1913. Lecture 3, by Dr. Nydegger.—"Amebic Dysentery."

February 3, 1913. Lecture 4, by Prof. Ch. Wardell Stiles, Hygienic Laboratory U. S. Public Health Service.—"Hookworm." (Illustrated with lantern slides.)

February 10, 1913. Lecture 5, by Dr. Nydegger.—"Amebic Dysentery." (Illustrated with lantern slides.)

February 17, 1913. Lecture 6, by Dr. Nydegger.—"Trypanosomiasis in General." (Illustrated with lantern slides.)

February 24, 1913. Lecture 7, by Dr. H. R. Carter, U. S. Public Health Service.—"Yellow Fever."

March 3, 1913. Lecture 8, by Dr. Nydegger. "Trypanosomiasis in Man." (Sleeping sickness.)

March 10, 1913. Lecture 9, by Dr. Nydegger. "The Filariases in Man and Animals." (Illustrated with lantern slides.)

March 17, 1913. Lecture 10, by Dr. Nydegger. "Leprosy." (Illustrated with lantern slides.)

March 24, 1913. Lecture 11, by Dr. Rupert Blue, Surgeon-General U. S. Public Health Service.—"Plague." (Illustrated with lantern slides.)

March 31, 1913. Lecture 12, by Dr. Nydegger.—"Cholera." (Illustrated with lantern slides.)

April 7, 1913. Lecture 13, by Dr. Nydegger. "Piroplasmosis." (Illustrated with lantern slides.)

April 14, 1913. Lecture 14, by Dr. C. H. Lorunder, U. S. Public Health Service.—"Pellagra." (Illustrated with lantern slides.)

April 21, 1913. Lecture 15, by Dr. Nydegger. "Rocky Mountain Fever." (Illustrated with lantern slides.)

April 28, 1913. Lecture 16, by Dr. Joseph Goldberger, U. S. Public Health Service.—"Dengue."

May 4, 1913. Lecture 17, by Dr. Nydegger. "Sprue and Guinea Worm." (Illustrated with lantern slides.)

BIRTHS

To Mr. and Mrs. Walter Koppelman, recently, a daughter. Mrs. Koppelman was formerly Miss Grace Dunderdale, University Hospital Training School for Nurses, class of 1902.

To Dr. Walton Hopkins, class of 1904, and Mrs. Hopkins, recently, a daughter. Mrs. Hopkins was formerly Miss Lila Trenholm, University Hospital Training School for Nurses, class of 1905.

DEATHS

Dr. Hamilton K. Derr, class of 1881, died at his home in Hagerstown, Md., February 12, 1913, of heart disease, aged 61 years. Dr. Derr was a native of Washington county, the son of John C. Derr. He was educated at Lewiston Academy, afterwards entering the University. After graduation he located at Woodsboro, Frederick County, Maryland, where he practiced for seven years. For a year after leaving Woodsboro he was physician to the Cheyenne and Arapahoe Indians, at Fort Reno, Indian Territory. He returned to Maryland in 1889 and settled at Hagerstown, where he practiced until his death. He was for many years a surgeon for the Western Maryland Railroad. He was one of the founders of the Washington County Medical Society and President of it for one year. He is survived by his wife, who was Miss Louise McCoy of Williamsport, Pa.

James W. Eichelberger, class of 1870, of Emmitsburg, Md., died in the Frederick City Hospital from Bright's disease, February 23, 1913, aged 71 years. He had been in failing health for some time, but continued his practice until shortly before his death. After graduating at the University Dr. Eichelberger practiced for a short time at St. Clairsville, Pa., returning to Emmitsburg to enter into practice with his father, Dr. James W. Eichelberger, class of 1827. He is survived by his widow and one son, Charles.

BOOK REVIEWS

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of William Osler, M.D., Oxford; A. McPhedran, M.D., Toronto; Frank Billings, M.D., Chicago; Charles H. Mayo, M.D., Rochester; Thomas H. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harrold, M.D., London; Richard Kretz, M.D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume XI, twenty-second series. 1912. Philadelphia and London: J. B. Lippincott Company. Cloth; $2 net.

The present number of the above popular series maintains the high standard of its predecessors. The wide-awake practitioner must have and demands the latest developments in medicine in condensed form. Nowhere can he obtain his desires better than by subscribing to International Clinics, as long before recent developments appear in book form, they have been published in the Clinics. Among the most important papers which appear in this number are "The Treatment of Diabetes," by H. B. Anderson; "Clinical Inferences to be Drawn From the Wasserman Test," by Frederick Bauman; "Specific (Neisserian) Proctorrhoea," by Frank K. Green; "Enucleation of the Tonsils and Removal of the Adenoids and the Lingual Tonsils by Simple Methods," by Curtis C. Eves; "The Indications for Nephrectomy, with Illustrative Cases," by Charles Greene Cumston; "Wherein the Diagnosis of Pellagra Is of Surgical Importance," by Legrand Guerry; "Treatment of Exopthalmic Goitre," by Albert Abrams.

Abrams claims to be able in many instances to effect a cure of exophthalmic goitre by non-operative means, and strongly urges his method of treatment before surgical interference is instituted. He says: "My treatment of exophthalmic goitre, as well as for minor and atypic manifestations of hyperthyrodism, consists in increasing the tone of the vagus. In the conventional treatment, which ranges from galvanization of the servical sympathetic and exposure to the X-rays to the use of specific sera, the results are uncertain and recurrence is the rule. Respecting thyroidectomy, the results are better, but little good is obtained by sympathectomy. My method of treatment is practically a specific, and the results are usually permanent. The first symptoms to yield are tachycardia, arhythmia, nervousness, and diaphoresis. Exophthalmos is the most persistent symptom. It may yield synchronously with the other signs, it may improve after treatment is suspended, or it may be permanent. Operations give no better results. Many therapeutic results are discredited for the reason that they are not executed in detail." He further states, "Cases have been successfully treated by my method which have failed to yield to operative measure. The treatment consists essentially of stimulation of the vagus at the seventh cervical spine. The stimulus employed is rapid concussion, although it may be substituted by the rapid sinusoidal current to the same region. An apparatus giving a percussion blow must be employed."

And further, "In conclusion, permit me to say that I know of no method of treatment which is more rapid in its results than the method which has been cited for the treatment of exophthalmic goitre."

If the results as purported by Abrams are obtained by others following his method of treatment, a decided advance has been made in hyperthyrodism therapy. The writer is loth to believe that percussion to the seventh cervical vertebra can accomplish such magical results, and yet he is open to conviction. He hopes that others interested in this phase of medicine will test out the treatment and record their results. At any rate the method is decidedly revolutionary, and should not be condemned until given a thorough trial in competent hands.

The other articles are equally as meritorious, and should meet the demands of the most critical.

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OUTLINE OF REMARKS MADE BY THE PROVOST, DR. FELL, AT THE RECEPTION OF THE ALUMNI OF THE UNIVERSITY OF MARYLAND, MARCH 27, 1913.*

I am extremely gratified by this expression of good feeling on the part of the alumni of the University of Maryland. It gives me great encouragement in carrying out the task which lies before me.

In your cordial welcome I see the manifestation of a marked interest in the welfare of the University.

For such a purpose a meeting like this is full of potentialities. Here you are, men of all political shades of thought, men representative of every professional calling, men capable of effecting much.

The difficulty in the past has been to produce a united concentrated effort on the part of the alumni. There has been too much disposition to promise and too little of the willingness to act.

First, we should endeavor to make the best of the resources we have, instead of lamenting the lack of what is not available.

Second, each alumnus should be inspired with a sense of responsibility for the welfare and progress of the University.

You alumni can bring to our aid invaluable suggestions from your vantage ground of experience.

As there are none who have greater pride in the University, so there are none to whom the University should be able to turn with greater assurance of help.

The alumni are those to whom we look especially for support in the community. The University must have living friends. The gifts of the past exhaust themselves. The bounties of the present should run in a perpetual stream. We must have endowment for the medical school and also for all the schools of the University.

When I was in New York recently endeavoring to promote an endowment fund for St. John's College an example of what might be done by persevering effort was related to me.

Two alumni of a not very large college determined to set to work to raise an endowment for their college. They recognized the fact that they owed their present position to the education given them there, and that without it their probable career would have been far different.

Within two years they had secured $5000, and during the third year they obtained a large donation from a wealthy man toward building a new laboratory. Very shortly afterwards these same gentlemen, having become interested in the college by their efforts, presented the sum of $100,000 for endowment.

There is sometimes an idea prevalent among university men that the university career is simply a three or four-year contract, whereby, in consideration of a certain sum of money, the university is to supply him with a certain amount of knowledge, and to present him with a proper certificate to notify the world that he has had it.

The transaction completed, the doctor or lawyer regards the obligation on both sides at an end.

Now, this is a fallacy. No man squares his account with his Alma Mater by the payment of his last term bill. He still owes her more than Desdemona owed father and lover both, and among the most important and simplest of these duties is to subscribe for, read and encourage in every way possible the publications giving information of the esoteric life of the university.

We look, therefore, to you alumni to add to the fair fame of this University, to which you belong. She looks to you, the living Maryland, to build upon the foundation so nobly laid in the past.

*Address delivered at the reception tendered Dr. Fell by the General Alumni Association of the University of Maryland on March 27, 1913, at the Hotel Rennert.

THE ACADEMIC OUTLOOK AND DEVELOPMENTS OF THE FUTURE BY WHICH BOARDS OF EDUCATION AND ACADEMIC CIRCLES WILL JUDGE THE STATUS OF THE UNIVERSITY OF MARYLAND.*

By John C. Hemmeter, M.D., Ph.D., LL.D.,
Professor of Physiology in the University of Maryland.

Introduction.

The strongest departments in our University, numerically at least, being those of law and medicine, I may be pardoned for calling the attention of our jurists to a new relation of these two human endeavors as represented by a recent article in the *Atlantic Monthly Journal*, January, 1913.

"Every lawyer when young should be apprenticed to some good physician, and should return to him regularly through life," says Mr. G. M. Stratton in contrasting the spirit of medicine with the spirit of law. In accepting this graceful appreciation, our profession might reply as simply as did Mark Twain, who, in responding to the toasts at a dinner given in his honor, said that never before had he heard compliments so beautifully expressed or so well deserved.

Stratton, speaking of the spirit pervading each of these professions, finds that lawyers as a body, in their professional work, are "of the backward look," while physicians keep pace with the advance of the natural sciences. The body of the law stands immovable, for it "represents the stability, the habit of our social life," as against the creative energy of reform. "Of two Rip Van Winkles awakening today, the physician would find his old methods as rust-laden and useless as his instruments; the lawyer, after a few hours with new statutes, would feel at home in any of our courts." Too often the aim seems to be to play out a game with punctilious regard for all the rules, however minute, fantastic or technical, rather than to decide a weighty question with due sober respect for the grave human issues involved. Thus, "an action for murder comes to naught because the complaint fails to state that John Smith, slain, was a human being."

Then, too, the lawyer passes through the school of advocacy. In practice he is ready to fight on either side. This robs not only the attorney, but also the judge of whatever rounded view he might otherwise have to his social duty, his responsibility to the public. The object of medicine is not in conflict with other social needs. The physician does not heal one man at the cost of the health of another. The lawyer too often defends one man's rights at the expense of another's. The individual lawyer is not free to put into operation some entirely new principle, the value of which he may perceive; he is not free to experiment effectively, as is the physician. It is to offset the deadening influences of the lawyer's work that Stratton advises him to seek inspiration from medicine. By intercourse with the physician he may find the spirit which is lacking in his own profession.

Stratton's evident sympathy with the medical side of his contrast leads one to fear that he looks solely on the limitations of the one great profession and on the opportunities of the other. On that point let the men of law speak for themselves. It would, of course, be most foolish to regard such a tribute to the spirit of medicine as called forth by personal merit, even that of the masters of the art. Yet the least among us, provided he be sincerely imbued with the spirit of his chosen work and earnestly devoted to his success, is entitled to feel pride as well as satisfaction in the fact that his task is to read the inexhaustible book of living Nature instead of the annals of the past.†

1. The emphatic encouragement of research. It is only by the production of talent and creative personality that an educational institution can rise to the dignity of a real university. Two mental qualifications characterize the creative personality: (a) altruism and (b) enthusiasm. Where these feelings are chilled or thwarted as they have at times been in my experience—chilled in the interest of a barren, unproductive business conservatism, become slaves to expediency by overwork in administrative duty—there one soon observes the graveyard of scientific scholarship.

The widely disseminated fruits of research bring to an institution endowment in an automatic manner; for endowment cannot come from our

*Address delivered at the reception tendered Dr. Fell by the General Alumni Association of the University of Maryland on March 27, 1913, at the Hotel Rennert.

†From *Jour. A. M. A.*, March 22, 1913.

alumni—they have none to spare. It must come from three sources: (1) The State, (2) the public, (3) the special endowment funds created by wealthy men for the advancement of education. To these elements the history of an institution appeal only in a limited degree, though it is venerable. To be effective, appeals must be backed up by the evidences of discovery of new things, new insights into normal and abnormal life, new remedies, new operations, new methods of diagnosis, new histories, new construction of law, etc. Such things can be done by the nurture of talented personality, and the best evidence of talent is the asknowledgment of the value of work already accomplished, especially acknowledgment from other institutions and scientific bodies. In other words, endowment will come, as we deserve it, i. e., in proportion to our effectiveness in developing talent.

To discourage talent, to throw difficulties in its path, to give a disingenuous interpretation of talents enthusiasm by comparing it to vanity, is murder to scholarship. And this very crime is too often committed in medical schools where the governing power as well as the teaching is in the hands of the very men that control the destinies of the institution. There can be no possibility of a doubt that the only way to elevate the standard of an educational institution is to encourage the freest development and activity of those exceptional human powers that we designate as talent and genius. But one of the characteristics of unendowed professional schools under the exclusive control of men who teach the very branches that they also practically execute is their failure to recognize talent, and in those very instances where they do recognize it their failure to appreciate it. For the envy of the human beings will forgive everything sooner than inherited talent.

The average teacher in a professional school comes to imagine that the inequalities of versatility and powers lying in the nature of human beings should be equalized and brought to the same level. In fact, one of the evil effects of teaching large classes in this disastrous leveling to the same plane of all pupils and the great difficulty of recognizing the exceptional and brilliant mind. General education can only accomplish this leveling in a very limited degree, and this is fortunate for the rare individual that may possess the spark of talent.

Another error that I have noticed in the wholesale teaching of so-called professional schools is that even the teachers imagine that they can become wise and cultured men by the accumulation of knowledge. This idea is a comfort for those of mediocre ability, and even the uneducated, for they hope to raise themselves into a higher intellectual and social sphere provided they can only collect a great deal of memory material. But as Heraclitus in his Aphorisms says, "*Too much knowledge does not bring understanding or insight.*" And so it comes that a man may have accumulated an extraordinary memory material and still be a poor teacher and rather narrow-minded professor.

This outlook at qualifications for teachers and their shortcomings, because of their preoccupation in administrative duties, brings me to speak of the gradual relieving of the faculty of medicine of all administrative work and a strict limitation to scientific and professional work. And this furthermore brings up the creation of a new board of trustees and a new charter. The charter being necessary before we can have a new board of trustees. Two further ideas for the future which I should venture to suggest are the equipment of a new faculty as far as that is possible from the teachers that we have at present at St. John's College and the University of Maryland. This referring to a faculty of philosophy, giving a course of instruction leading to the degree of doctor of philosophy.

Already we are, in my opinion, ripe to seriously consider this plan, for the University can give courses in *general biology, physiology, chemistry and pathology and botany,* leading to the degree of doctor of philosophy.

The second idea I have already proposed during our centennial celebration, and is contained in our Centennial Volume on page 35 in an address by myself, from which I might repeat the following:

"I would also urge the removal of the professional schools of the University of Maryland, together with the hospitals, to some new location in the northwestern section of the city or into the suburban district, where there is a more healthy, physical and moral environment, and for this purpose I would urge on the members of the medical and dental faculty, especially the younger members, the organization of a stock company, for the purpose of purchasing land in one of the

northwestern sections which is not yet improved by buildings and the erection of modern medical and surgical wards, lecture halls, laboratories and a library and administrative building. This should be considered before any further funds are spent in the construction of new buildings at Greene and Lombard streets."

At one of the banquets of the General Alumni Association I proposed a plan to this association which still seems feasible to me, and which will give this association a substantial object to live and work for. I proposed at that time that this association should make an effort to collect $5000, and that I would personally make myself responsible for the second $5000, and that this $10,000 could be offered to the board of regents for the purpose of acquiring a tract of land outside the city limits, provided the board contributed a third $5000. Shortly after I made this proposal an editorial appeared in one of the small journals of this University entitled:

"Should the University of Maryland Move to Walbrook?" To the fair-minded alumnus this article, coming directly after my suggested plan, must have been a very paradoxical and mysterious utterance, for in it my plan was discouraged emphatically and with the insinuation that the land I had in view was in Walbrook. It will be of interest to the Alumni to know that relatives of mine did possess a tract of land in Walbrook, and my critic could not elevate himself beyond the conception that nothing could actuate a man to make such an offer to the University except the intensely egotistical motive of planning to sell his own land and benefit thereby personally.

Unfortunately for the ingenuousness and sincerity of my critics, their idea was based entirely on an assumption. The land in Walbrook belonging to my relatives had been sold two years before I made this suggestion to the General Alumni Association to a suburban development company for about $40,000. A sum way beyond the reach of the University. Secondly, and also unfortunate for the sincerity of my critics, the land I had in view was on the Reisterstown road, and since then has sold for several thousand dollars more than it was offered at the time that I made the proposition. The fault finding must have discouraged many of the alumni from making the effort to get this tract of land. If you understood the altruism and the great difficulties under which the present faculty of medicine is laboring, you would become loath to accept any criticism without a personal investigation of the character of the source. Especially as to whether the critic is acting from a noble and sincere impulse or prompted by disingenuousness or other impure motive. To help this struggling university forward, criticism should only be accepted from those that are fully competent to judge and speak on matters of administration or science, and by those who are possessed of broad experience, conservative and constructive judgment and a warm, sane heart. Above all, the latter, for the thirteenth chapter of the second of Corinthians embodies principles that are above all and every product of human reason. There are too many who are ready to make destructive criticism, very few who are constructive, reminding one of the German carnival limerick:

"Heidelberg liegt am Neckar strand,
Am Rhein liegt Oberwesel,
Zum Besser machen gehört Verstand,
Kritisiren kann jeder Esel,"

which translated would read about as follows:

"Baltimore lies at Patapsco's strand,
Judge not severely, but be wise;
To make things better thou must understand,
For every jackass can criticise."

A suburban site would give our students a playground. We are not able to build upon it for many years to come, but it opens an incentive for the future, a bright goal to aim for, something to work and live for, and in the meantime land is continually increasing in value. It would never embarrass the owner financially except for the county taxes, and these would come back with the gradual rise of value. Our students could there have their football and gymnastic games with the teams of other universities. Those that are possessed of means are frequently more willing to give when they know that the future of the University has such a plan of a suburban campus in view.

In an article on "The Study of Man" in *Science* for February 21, 1913, Prof. George T. Ladd emphasizes that all man's voyage on the sea of knowledge, for the discovery, mapping out and exploiting of the new domains of science, is strewn with the wrecks of voyagers in the distant or near past. Never before were so many vagaries and visionary schemes and unproved hypotheses demanding at-

tention and credence. But never before was the fleet of voyagers so numerous, so competent, so sound, so sure of its future, as at the present time. How can such things be? How can the measurer always be making such misfits, spoiling so much cloth, and annoying so much his patient, trustful customers, and yet retain his own immeasureable self-conceit? There are two reasons which establish the sufficient answer to this question. One of these is the *indestructible faith of human reason in itself*. It hesitates, it stumbles and makes mistakes, and either confesses and corrects or stubbornly adheres to them; but it never despairs or is utterly confounded. The other reason is this: History shows that this *confidence is more and more;* in fact, *justifying itself*. All progress in knowledge depends ultimately for its justification on this self-confidence of human reason; but all actual progress in knowledge is a further justification; in fact, of the confidence on which it depends. Man has faith, he actually attains higher and higher degrees of knowledge. While, then, constant criticism, frequent scepticism, much rather persistent agnosticism are attitudes of the human mind toward reality, which should always characterize the method of science: scornful criticism, despairing scepticism, universal agnosticism, are essentially antagonistic to the true spirit and hopeful method of science. And those who cherish such views of the relativity of all knowledge are dissenters from the one form of faith, intellectual, social, religious. An ever present and essential feature of man's rational being is rational faith, or reason's own confidence in itself as the organon or truth.

Hovering over all like a vast but glorious cloud that is being illumined, through the ascending mists, by the rising sun, is the ideal to which the combined work of all the sciences is being directed for its better discovery and interpretation, the ideal of a universal order which has its core, and through all its historical evolution, the unity due to rational mind. This conception in its modern outlines has been won by the toil of thousands of observers and thinkers, and slowly expanded by the experience of the race. It is confessedly incomplete; perhaps it will always remain incomplete. For reality itself is no closed and once for all finished affair. But that the world is a realization in time and space of some such ideal as science has built up—an ideal of unity of order, beauty and meaning, this is the growing conviction upon which the particular sciences, from their different points of view, and by their different methods, have been converging.

MORE AID FROM THE ALUMNI.*

By Thomas Mackenzie, LL.B.

When, back in the early days of the last century, the University of Maryland was incorporated, with its four departments, namely, medicine, divinity, law, arts and science, the founders of such an institution builded better than they knew, and it has ever since been the pride of the State of Maryland that those taking the degrees of this institution have passed out into the active service of their respective professions to add lustre upon their Alma Mater and bring renown and glory to the State. But no less entitled to a share in that glory is that time-honored institution of learning at Annapolis, which before the University was ushered into life had already begun its work among the people. I refer, of course, to St. John's College, now a most important branch of the University of Maryland, and the distinguished head of which college is now the provost of the University and the guest of the Alumni Association this evening.

From St. John's College have gone into the law more men than have been furnished by any other instituion of its kind in the State. When we look at its list of graduates we find among them the names of men who have helped to make the history of Maryland what it is, who have also taken a prominent part in the national affairs, and one of whom, a lawyer and a poet, gave to this country its national anthem. We find among the list of names Francis Scott Key, John Johnson, David Hoffman, William Kilty, Reverdy Johnson, Thomas S. Alexander, Theodoric Bland and William H. Tuck, while on the bench of our Court of Appeals today, and throughout our State, and within the limits of our own city, are numerous members of the judiciary whose names are enrolled among the alumni of St. John's. It is, therefore, the duty of the law to feel its obligation to St. John's College and the University of Maryland.

My invitation stated that the object of this occasion was to get acquainted with Dr. Fell.

*Address delivered at the reception tendered Dr. Fell by the General Alumni Association of the University of Maryland on March 27, 1913, at the Hotel Rennert.

How much more modest it would have been to have designated it an occasion for Dr. Fell to scan us over and learn what he can depend upon from us to show our interests in the University of Maryland. For not one of us but knows of Dr. Fell and the grand work he has been doing in the State of Maryland. This occasion should rather be one upon which the Alumni Association can express in some definite form its congratulations to the University in having secured the co-operation of Dr. Fell in the great work that still lies before it.

And it should also be an occasion when the members of the Alumni Association can congratulate themselves that the work which rests upon them and which they were organized to do will now have the assistance of so able, so sincere and so loyal a friend and fellow-laborer.

Long after the University of Maryland had become distinguished as an institution which was sending out from its halls men who, by their skill and brains, were revolutionizing the methods of alleviating pain, making the blind to see, the deaf to hear and the lame to walk, and the strong arm of the law to become stronger, and the severities of justice to be softened by the qualities of mercy through the wisdom dispensed within its gates, there was born a new university with the traditional silver spoon in its mouth, richly endowed, and nurtured by a scholar of wonderful business ability.

Outward into the world she spread her infant arms, drawing toward her the rich minds of our nation, until today she stands a world-famed institution. Not half a century old, she enjoys in some branches, perhaps, a greater name than some whose foundations were back in the dark ages, where it is difficult, if not impossible, to dissociate history from tradition. Endowment upon endowment has poured into her coffers, and the State has added appropriations that she may carry on her miraculous work, till today she sets the pace for the world to follow. From time to time of late the rumor has been spread that a man who has sat in the seat of the mighty, and whose reputation as a judge is known throughout the English-speaking world, is to be called to occupy the chair of her chief executive and to establish a new department of jurisprudence.

And it is with such strength we must compete, holding our own as in the days that have passed, when such men as N. R. Smith, Miltenberger, Chisolm, Donaldson and Johnson stood for the department of medicine, and Wallis, Carter, Marshall, Poe, Venable and Phelps stood for the law.

With the reputation of the University of Maryland, and the strength of our sister institution in mind, the regents had little time for experiment and none for mistake in appointing a man to hold us in the future to the same degree of eminence as that which we have enjoyed in the past. We cannot afford to allow any mute, inglorious Milton to pass beyond our gates, nor may we suffer any among our number to hide his light under the bushel of obscurity.

There must be no turning back for the man whose hand has been placed upon the plow to run out the furrows of the future—furrows in which we are to plant the seed that will yield a harvest commensurate with the garnerings of our past. The time has come when we must bend every energy and strain every muscle in the race we have set before us, and how best to win out, handicapped by insufficient means, unendowed, in need of better buildings and more modern equipment, is the burning question of the hour. Our new provost has no easy task.

Speaking of our endowment, I noticed a short while ago in the college paper that a prominent member of the faculty had insured his life and so arranged it that the proceeds therefrom could go toward an endowment fund for the University. Someone seemed to think that the prospect of the money in the future was rather a disappointing way of providing for the present needs. But the fact that the institution has in hand such a donation reminded me much of an old preacher in New York, about whom the story is told that on every Saturday night he went to a particular member of his parish and borrowed $5. On the following Monday morning the very identical $5 was returned. At last the member of the church grew fretful and irritable because he could not unfathom the purpose of this application for a loan, and determined to ask the preacher why it was that he always returned the identical note. The preached replied: "You know that on Saturday night my funds are always consumed in the market basket and other household expenses, and you know with what vehemence I preach to my congregation to be liberal in the contributions, and how I have gone for them at times rather savagely, and how I have succeeded in getting from them for the use of the church large sums of

money; well," said the preacher, "I have never felt that I can preach such a sermon unless I have in my pocket some *real money* that I could place my hand on once in a while." The gentleman loaned him the $5 and it was returned. The next Saturday night he came back and requested a loan of $10, and explained that the increase in the amount of his request was because he had heard that a noted financier, who was known to be very close-fisted, was going to attend his church the following day, and he wanted to try a $10 bill sermon on him. I think that the committee striving for endowment for the University of Maryland is somewhat in the condition of that divine when they know that the endowment fund holds an insurance contract for *real money*. I believe the example set is a good one, and if every member of the Alumni Association could be induced to insure his life in such a way that the proceeds from some particular policy should go to the University, it is quite sure that he would not live to see the result of his particular work, but those to come after him would, no doubt, reap the benefit of his sacrifice.

Our pride in the welfare of the University, our love for old St. John's, which has done so much in the past and is doing so much now to strengthen the sinews of the University, should raise in the heart of each alumnus, no matter what department has honored him by its degree, a stern determination to do his part, whether it be large or small, in securing the foundations of his Alma Mater, so that hereafter, no matter what adverse circumstances may prevail, the members of the Alumni Association may sing:

"Hail to the mother who taught us.
Praise for the honors she brought us.
In this hour of her need be you true.
Your duty unflinchingly do.
Fellow-alumni, the work is on you."

Dr. William Gerry Morgan of the Rochambeau, Washington, D. C., entertained Prof. John C. Hemmeter at a dinner on the evening of March 29. After the dinner Dr. Hemmeter delivered an address on "The Psychography of Great Medical Thinkers" to the dinner guests and about thirty additional men who arrived later. Dr. Hiram Woods and Dr. Hemmeter were Dr. Morgan's guests for several days. Dr. Hemmeter is slowly improving from his recent illness, and we extend most cordial wishes for a speedy recovery.

THE MERGER—HOW WAS IT DONE?*

By S. K. Merrick, M.D.

Mr. Toastmaster and Mr. Provost:

I fear the story of the merger is entirely too long and certainly somewhat inappropriate for this occasion. As I understand, we are here tonight primarily to honor Dr. Fell, our new Provost, who has but recently been inducted into office. My remarks will, therefore, be brief, and merely refer to some of the results of the merger rather than the merger itself.

To begin with, I wish first to express my pleasure at seeing an honored member of the medical department, Prof. Randolph Winslow, present tonight. He and I were medical students at the University at the same time, and I want to speak of a very distinct service he rendered in the merger proceedings. I refer to the question of titles for the members of the Faculty of the Baltimore Medical College. We got most of them adjusted, but there were two or three, and one in particular, we studied over several weeks, but could find no satisfactory solution of the difficulty. The whole question was turned over to Dr. Winslow, and when he came to my office and presented the list of names with titles affixed for my inspection, I could not make a single suggestion. I submitted the list to our Faculty at its next meeting, and it was adopted without a dissenting vote. There has been a merger recently consummated between the Baltimore Medical College and the University of Maryland, whereby 12 members of the Faculty of the former institution have become professors in the University. Two thousand and more alumni will be eligible to membership in this association. This is the most important event in the evolution of medical education that has ever taken place in Baltimore. It will, in my opinion, give an impetus to the University far reaching in its effects. You get the co-operation of a dozen good teachers, who are forceful and resourceful men, who have been trained in constructive educational work.

They come to you as evolutionists, and not as revolutionists. Evolution is essentially constructive, utilizing ideals, traditions, skill and culture, as well as the more material assets, and building on these better and broader and greater. Revo-

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lution is essentially destructive, tearing down and destroying, not infrequently what is more valuable than that which takes its place. Revolution is only beneficent as a rule when effected by evolution. We come to you in a spirit of co-operation and hope to dovetail the best efforts of which we are capable into the best efforts of which you are capable, and push the old University on to wider usefulness. We do not come down here to make a square peg fit a round hole, nor to make a round peg fit into a square hole. We come to assimilate, and not to disintegrate.

If the University is in a rut, let us all put our shoulders to the wheel and push her out, but first let us be sure that the rut is in the road, and not in the eye of the observer. Let us not make the mistake of pushing her out of an imaginary rut on to a rougher road. But being thoroughly satisfied that the rut is there, we will push her out of it on to the smooth macadam, where the going is good and the road is straight, and then throw her into high gear and keep her in high gear, and with Fell as master machinist, and Coale, Harlan, Heatwole and Caspari by turns at the wheel, and the combined faculties at the throttle to give her gas, we will drive her on to a splendid destiny.

824 Park avenue.

GREETINGS TO OUR NEW PROVOST, FROM THE DENTAL DEPARTMENT, WITH THE HOPE EXPRESSED FOR A MORE CORDIAL ESPRIT DE CORPS AND MORE PUBLICITY FOR THE UNIVERSITY.*

By B. Merrill Hopkinson, D.C.D., A.M., M.D.

I esteem it a rare privilege and honor to be permitted to speak on an occasion such as this, for it is, in a certain sense, an epoch in the history of the University of Maryland.

I have but one regret, and that is, that one better fitted for the duty was not chosen by the officers of the association. As a loyal alumnus, however, I could not do aught else than accept the invitation, for I do not know how to say *no*, when I am asked to perform any duty for my beloved Alma Mater.

At the outset of what I am to say, let me assure you, Mr. Provost, that you will not find more faithful and devoted followers of any policy you may desire to put into operation than among those connected with the department with which I have the honor to be connected. Call upon us freely, at any time, to carry on any scheme you may have in mind to advance the good work in our particular department, or the University as a whole, and you will find us ready to follow your able leadership. I heartily congratulate the regents, alumni, the teachers and the student body because of the selection of one so eminently fitted in scholarship, executive ability and zeal to fill the post to which you have been called; and, furthermore, because of the movement to enlarge the powers of our provost beyond those of an ornamental office with an annual or semi-annual public appearance. We know your deep interest in the University, Mr. Provost, and are sure your term of service will be full of good works, and that we shall make progress under your leadership. Congratulations are due all concerned because of the enlargement of the powers of the provost, and while we know that a new scheme of leadership has long been under consideration by the regents, we feel that the final decision was, in part at least, due to the suggestion of the advisory council. I am glad that I was a member of the committee of the council to bring this matter to the attention of the regents, and I well remember the courtesy and consideration with which we were received. We hope, sir, that your administration will be so signally successful that your powers will be greatly enlarged, and the wisdom of electing a president will be apparent to all who shall be possessed of the usual powers of like officers in other great institutions. This, I am sure, the future must bring to us, and I dare express the hope that you may be our first president.

I congratualte you, sir, because of the honor the regents have done you in placing you in the position you now occupy in our well-beloved and honored University. May it give you a great working power for good, and bind you closer to us as the days go by. I congratulate you upon the merger which has just been consummated, whereby the Baltimore Medical College has been absorbed by the University. As this has taken place just at the beginning of your term of leadership, although doubtless under consideration for some time past, may it not be a harbinger of greater and better things to follow, an augury of the many

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pleasant and profitable paths into which, under Divine guidance, you may be permitted to lead us. Great, indeed, is the history of the University of Maryland, and as we look back at the long line of distinguished men who have in some way been connected with her, all our hearts must beat with joy and pride because we are permitted to enjoy the heritage of her noble traditions and have a share in the glory that comes to us through her worthy sons.

To one who has done all that in him lay to keep the fires of loyalty bright, to see that the perpetual lamp of devotion and service upon her altar was always trimmed and burning, the lack of a more sincere and hearty esprit de corps upon the part of a great host of our graduates has ever been a deep mystery, and I trust it may be your good fortune to bring about a change in this unaccountable state of affairs. If you can but do something to touch the hearts of our alumni, so that they may have a due sense of their life-long obligations to their Alma Mater, your service will be of greater value than can ever be computed by any schemes of mortal reckoning.

We all recognize the need of an adequate endowment fund in order to perpetuate our work in this wonderful twentieth century of progress, and here again you will find an ample field for your ministrations. Second only to the need of money is the need of greater publicity. This is the advertising age. Banks, those staid and dignified institutions, which a few years ago would have scorned to use the papers for such purposes, now tell the public through the press day by day of their superior facilities for service. Our churches occupy two or more pages on Saturday, not to tell the people primarily of the value of the gospel teaching from the pulpit point of view, but of the fine music, both vocal and instrumental; wonderful moving pictures, historical or poetical lectures, etc., and too often give the theatrical or circus advice, "Come early and avoid the rush."

I beg that you will understand that in what I shall have to say of our great sister university I am not in any way possessed of animus toward her, for I do not yield to any man in my honor and admiration for her greatness. I simply wish to call to your attention her wise use of the opportunities to keep herself, but in using the advantages to keep herself in the limelight, with which she seems to have been so richly blessed, and to point out to those who guide our destinies at least one means of publicity. The Hopkins has indeed blazed the way for us, and it behooves us to mount the band wagon and appropriate without delay the largest and loudest trumpets and use them without pause or restraint whenever opportunity offers.

Let us look for a moment at a few samples of successful advertising.

Who can forget that famous ride from the mountains of North Carolina to the rugged coast of Maine, and the bulletins issued from each small station en route, noting the flying progress of that charming gentleman and able physician from the Johns Hopkins! Paul Revere's ride, upon his mission of salvation, is no longer unique in the annals of our history, and the newspaper accounts of the dashes of Peary and Amundsen do not seem so voluminous and interesting when compared with those of this distinguished clinician.

You readily recall the memorable trip recently made across the ocean by the vigilant and intrepid messenger, bearing his valuable package to the Radium King of the Johns Hopkins University, and how, day by day, this fact was told and retold in the daily papers in both story and cartoon.

I was immensely amused by the statement of a Hopkins alumnus from some Western town, which said that the Hopkins should seek to gain more publicity. He must have come from some God forsaken and benighted region, where the press agent had lost his cunning, or else he was in dire need of a visit to the oculist.

Finally, and most important, was a column devoted to the startling and engrossing statement that a prominent surgeon of the Johns Hopkins had a daughter who had lost her pet poodle dog! I am sure the story of the loss of this Hopkins canine and his sorrows in his plebeian state, until he was recovered, made all good angels weep, as it did the speaker.

These are but samples, and the day rarely passes in which the public is not made aware of the greatness and glory of the Hopkins.

What has our University gotten in the past year in the way of rightful publicity. Practically nothing, and yet she has been doing a splendid work. May we not learn a lesson from our sister university, and will it not be well for us to go and sit at the feet of this modern Gamaliel and be taught how to keep prominently in the public eye.

It is an outrage, Mr. Provost and fellow-

alumni, that our glorious old institution, famous long before any of the schools in Baltimore were even dreamed of, should want for anything; and it should be our principal duty, as well as infinite pleasure, to see to it, and never allow an opportunity to pass in and through which we can teach the public of her greatness and her just claims upon all the people of our city and State.

Mr. Provost, we welcome you with heartiness and sincerity to your new office; we pledge you our loyalty and support, and wish you and our dear old University godspeed.

A WORD OF CONGRATULATIONS IN BEHALF OF THE ACADEMIC DEPARTMENT, OR ST. JOHN'S.*

By Judge Walter I. Dawkins.

Mr. Toastmaster, Gentlemen of the Regents and Faculties of the University of Maryland, Alumni and Dr. Fell:

I have been asked by the president of the Alumni Association to say a word of felicitation on behalf of the academic department, or, as I prefer to call it, "St. John's College," in affiliation with the University, on this occasion of more formal welcome to you, Dr. Fell, as the Titular Head or Provost of the University of Maryland. What I may say will be merely a repetition, in thought at least, of what I have personally said to you, Dr. Fell, many times since your appointment, and what is comprehended with all its meaning and significance in those words "God speed." In doing this, too, I must say again much of what I have been saying for five and twenty years when I have been testifying to the good, useful and valuable president which St. John's has had. We will only *lend* him to the University, for the fear of the college losing him. This is the only discordant note I would sound. Did I think that there was danger of the academic department (our St. John's) of the University giving him (our president) up there would be a much sadder note in St. John's felicitations.

St. John's has advanced wonderfully in its equipment, its work and its general condition during the incumbency of Dr. Fell as president. If anyone can organize the somewhat heterogeneous body of instructors of the University into one homogeneous working whole, it is Dr. Fell. I think he will do it. It is a great task to get the doctors, the lawyers, the pharmacists and the dentists or stomatologists to believe that they are all one body working with one great common aim and purpose—the unification and upbuilding of the University into one great institution or body; but to make this University do its most effective work and keep pace with the present-day requirements, it must be done.

With the medical factulty since I have heard of the arrangement between Dr. Winslow and Dr. Fell as to rearing boys and bestowing degrees, I think that would indicate that that department is fully in line, if Dr. Winslow is to have anything to do with it. I am sure that the other departments will fall into line, but, gentlemen, the path marked out for the establishment of a paid Provost with enlarged powers is not an easy one. An institution that has been conducted such as this reminds me of the old story of the negro after emancipation, who said it was worth a great deal of money to be his own "boss."

The separate faculties may not realize the necessity of having one directing head, but it is most essential at this time. How can a corporation or institution of any kind be successfully managed by a half-dozen heads? Asking the question gives its own answer. Gentlemen of the faculties and regents, give your aid, assistance and co-operation; Dr. Fell will do the rest. Speaking for St. John's, I know every man wishes him and the University the fullest measure of success. For myself, I rejoice that this distinguished honor and compliment has come to our President. If he will promise to love St. John's no less, we will consent that he *establish* the University. Let us believe that success will come. You will find after a short time that the University men will be like the Swede and the picture of his father.

A Swede had grown rich, wanted a picture of his father, but had no photograph, and his father was dead when the artist did the work. The Swede, after looking on the finished product, said, it is "Vater," but, 'mine Gott, Vater, how you have changed!" So will the men of the University say in the years to come under the new Provost.

In her journey through the vale of Cashmere, Lalla Rookh came upon a custom on the bank of the river. A Hindu lighted a lamp filled with

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sweet spices and bearing cocoa wreaths. If the lamp sank, it portended disaster. If it returned safely, it presaged a safety for those in whose name it was launched. So let it be with this new departure of the University. Let it not be "opera non verba."

There are certain things that bind men together. Chief of these I should say are:

(1). A common hope;
(2). A common unity, and
(3). Obtaining common blessing.

So let us work in this spirit. Let us be rather optimists than pessimists.

A story is told of two frogs that were in a milk can one night. One (the pessimist) said he would surely drown; the other (the optimist) said he would live. During the night the optimist had stirred the milk until he had churned it into a piece of butter, upon which he rested, and he was saved; the pessimist was dead. So let us take the bright side, and each one aid to the utmost in bringing about the much-desired object and hold up Dr. Fell's hands in every way.

As one looks about at the infinite complexities of modern problems of life and at the great tasks to be accomplished and the issues of life and happiness and prosperity to be determined, one can but realize how much depends upon the part that the professional man is to play in the future. If he will not lend his learning and sympathy, less expert hands must attempt the task, and it will not be well done. It is inspiring to think what will happen if but one great institution will blaze the way with intelligence, determination and perseverance to accomplish all that is best for the State.

In the Book of Books, Solomon of old is recorded as having said: "Wisdom is the principal thing; therefore, get wisdom, and with all thy getting, get understanding. It shall be health to thy navel and marrow to thy bones; let thine eyes look right on and let thine eyelids look straight before thee. Keep thy heart with all thy diligence, for out of it are the issues of life." Let this be taken as our own thought.

Dr. Fell, I congratulate you most sincerely on behalf of the men of St. John's and myself, and wish you the very fullest measure of success. May your every plan be satisfactorily and successfully accomplished.

FELICITATIONS AND GOOD WISHES FROM THE DEPARTMENT OF PHARMACY.*

After a few pleasantries with the toastmaster, Henry P. Hynson spoke, in part, as follows:

"I understand the specific duty that I have been called upon to perform, Mr. Provost, is to extend the cordial greetings, the felicitations and good wishes of the Department of Pharmacy I am very proud to present this department to you, and beg for it your honorable consideration.

"The Department of Pharmacy was organized in 1841. It had its inception in the University of Maryland. For a time it strayed away from the parent body, but, like our brothers of the Baltimore Medical College, whom we are so happy to have with us tonight, it finally returned to the parent roof and found there a cordial welcome and a helpful reunion. The Department of Pharmacy, Mr. Provost, is a creditable part of the University over which you have been called to preside. It has an alumni numbering about 1200. Many of these are scattered over the length and breadth of this land of ours, filling and holding positions of honor and trust. They have ever been conspicuous and helpful in national pharmaceutical affairs. I am happy in the knowledge that it was the first alumnus of this department who read the first paper before the American Pharmaceutical Association, the greatest pharmaceutical body on this globe. It was an alumnus of this department and a member of our faculty who held the executive office of that body for twenty of its most active years, and the impress of his strong editorial pen is plainly evidenced in the most creditable volumes of its proceedings during that time.

"The faculty of the department I represent, deducting one member, is a particularly strong one. Every member, save one, is an alumnus of our school, and every member, save one, has written one or more of the textbooks used in that department. More than this, I believe I can safely say that these are the most creditable pharmaceutical textbooks that have been written, and are more largely used in schools where members of their own faculties have not written such books than any others. We are proud of the abilities and the achievements of its members.

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"The department is without encumbrance; is fully able and does meet all its obligations, and has never, during all its life, had a single cent from either city or State.

"I cannot congratulate you upon the honors of your office, because you enjoy greater honors; I cannot congratulate you upon the emoluments of your office, for they are far too small, but I can most heartily and sincerely congratulate you upon the *splendid and far-reaching opportunities* that have come to you, through your election as Provost of the University of Maryland; opportunities to extend its usefulness as a part of the educational system of the state whose name it bears. Maryland expends annually more than two millions, and perhaps three millions of dollars for the education of her youth, and it is fit and proper that its nominal university should become the capstone of its improved and better organized educational system. These are great and most promising possibilities and, to my mind, this is the peculiar and particular time to press their furtherance.

"I bring you in fullness and in sincerity the good-will, the loyalty, the support of the Department of Pharmacy and wish you God speed in all your undertakings."

SYMPTOMS OF HYDROCELE.

By D. T. Williams.

Hydrocele at first presents but few symptoms, and, in fact, there are never very many.

While the tumor remains small it gives no symptoms and rarely attracts the patient's attention. At the time he presents himself for examination it has usually attained the size of a goose egg. The patient may believe that the swelling has appeared suddenly, whereas it has probably been growing for a year or more. The tumor grows very slowly, and for this reason we can account for its unnoticed growth. While the fluid accumulates slowly, it is nearly always continuous, until it begins to produce symptoms from its size and weight.

The symptoms which are now produced are as follows:

1st. There is a sensation of dragging in the groin and along the cord. There is usually some discomfort from the pressure of the clothing upon the tumor; rarely irritation of the skin of the scrotum. If the hydrocele be very large, coitis may be interfered with. Urination also may be uncomfortable.

Hydrocele is a pear-shaped ovoid, or, in large hydrocele, nearly spherical cystic tumor of the tunica vaginalis testis. It usually occupies one lateral half of the scrotum. It is painless. The skin is stretched over it, more or less tightly; is smooth and often shiny. Upon palpation the surface of the tumor is smooth, insensitive, tense and elastic. If the tension is not too great, fluctuation can be detected. The tumor is irreducible. There is no impulse on coughing. The skin can be moved freely over the tumor. Signs of inflammation are absent. If the hydrocele is small, the testis can often be felt on the posterior wall; if large, the testicular sensation on pressure may locate the organ. Usually the cord can be felt about the tumor, and the upper pole of the mass is, except in rare cases, sharply circumscribed.

The tumor is translucent. The "light test" is made in the following way: The tumor is grasped from behind, raised above the level of the thighs, and the skin of the scrotum is gathered up and put upon the stretch. Now, by the use of a hollow cylinder of wood or hard rubber, hold tightly against the scrotum, so as to not admit any light around the cylinder. On the other side of the scrotum is held a lighted candle or an electric bulb. This is best performed in a dark room. Now the eye is put to the cylinder, and the tumor, if it be hydrocele, will admit the light from the opposite side.

Hydrocele has to be differentiated from several other conditions:

1st. Epididymitis sometimes offers some difficulty in diagnosis. This can usually be readily excluded, because it comes on more suddenly, has a great amount of pain and tenderness associated when handled, does not grow as large, and is usually not so elastic.

2d. It may be confused with hernia, but here the differential diagnosis is usually not so difficult, because hernia can usually be reduced. One can get an impulse when the patient coughs. If the hernia becomes strangulated, so that it is irreducible, there is pain and constipation associated.

Here it might be well to mention chondroma, sarcoma, carcinoma and other similar tumors, but the differential diagnosis will usually not offer great difficulty, and may easily be dispensed with in this brief extract.

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NATHAN WINSLOW, M.D., Editor

BALTIMORE, APRIL 15, 1913.

CONSOLIDATION EFFECTED.

For a year negotiations have been in progress toward effecting a merger between the Baltimore Medical College and the Medical Department of this University. A mutually satisfactory agreement was reached recently, and the union was ratified by the Regents on March 19 to take effect on June 1 next.

By the terms of the merger, the Maryland General Hospital passes under the control of the University, as far as its clinical advantages is concerned. This hospital is owned by the Methodist Hospital Association, which has made a contract with the Regents of the University, giving the Faculty of Physic the exclusive clinical privileges of the institution.

The hospital has about 175 beds and will be a very valuable addition to our clinical facilities. The lying-in department, which is well equipped and in active operation, will also be a valuable asset. A large laboratory equipment of microscopes and apparatus of various kinds will also be very useful. Twelve men, constituting the trustees of the Baltimore Medical College, will be given professorial rank in the University; and three of them have been made members of the Board of Regents. The graduates of the college are considered to be alumni of the University, and are eligible to membership in the General Alumni Association. The Dental Department will also be merged with that of the University, but the terms have not been definitely settled yet. The instruction will be given at the University buildings, unless the increase in the number of students is so great that other arrangements will have to be made. Drs. David Streett, Samuel K. Merrick and Ridgely B. Warfield are the three who have been elected Regents.

The names and titles of the new professors are as follows: Charles G. Hill, A.M., M.D., professor of psychiatry; Arminius C. Pole, M.D., professor of descriptive anatomy; David Streett, A.M., M.D., professor of practice of medicine; John D. Blake, M.D., professor of clinical surgery; Samuel K. Merrick, M.D., professor of diseases of nose and throat; J. Frank Crouch, M.D., professor of clinical ophthalmology and otology; James M. H. Rowland, M.D., professor of clinical obstetrics; Charles O'Donovan, A.M., M.D., LL.D., professor of clinical pediatrics and clinical medicine; G. Milton Linthicum, A.M., M.D., professor of diseases of rectum and colon; Ridgely B. Warfield, M.D., professor of practice of surgery; William B. Perry, M.D., professor of clinical gynecology; Tilghman B. Marden, A.B., M.D., professor of histology and embryology.

Doubtless many others who are now teachers in the Baltimore Medical College will be given positions in the University, but the final arrangements have not been considered as yet. By this merger we think the cause of medical education has been advanced, and the teaching facilities of the University of Maryland materially augmented. We think there is room for two medical schools in Baltimore, and no more; and we want the University of Maryland to be one of the two.

PROMOTIONS.

The following members of the adjunct faculty have been advanced to professorial rank:

Thomas C. Gilchrist, M.R.C.S., M.D., professor of dermatology.

Frank Martin, B.S., M.D., professor of operative and clinical surgery.

J. Mason Hundley, M.D., professor of clinical gynecology.

Joseph T. Smith, M.D., professor of hygiene and medical jurisprudence.

St. Clair Spruill, M.D., professor of clinical surgery.

R. Tunstall Taylor, M.D., professor of orthopedic surgery.

John R. Winslow, A.B., M.D., professor of diseases of throat and nose.

James M. Craighill, M.D., professor of clinical medicine.

Joseph E. Gichner, M.D., professor of clinical medicine and physical therapeutics.

Charles W. McElfresh, M.D., professor of clinical medicine.

Irving J. Spear, M.D., professor of neurology.

Gideon Timberlake, M.D., professor of genito-urinary diseases.

John G. Jay, M.D., clinical professor of surgery.

Nathan Winslow, A.B., M.D., clinical professor of surgery.

Page Edmunds, M.D., clinical professor of genito-urinary diseases.

Richard H. Johnston, A.B., M.D., clinical professor of diseases of the throat and nose.

William Tarun, M.D., associate professor of eye and ear diseases.

THE APPEAL OF THE PROVOST TO THE PUBLIC.

A handsomely equipped office has been fitted up for the new Provost in the medical building, opposite to the office of the Dean, where he is glad to receive those interested in the welfare of the University, as well as any others who may have business with him. He has entered upon his duties with activity and enthusiasm, and has appreciated the most urgent needs of the institution, as is shown by the following letter bearing his signature. We hope his efforts may bear much fruit:

University of Maryland,
Baltimore, Md.

Office of the Provost,
Thomas Fell, Ph.D., D.C.L.

February, 1913.

Dear Sir—Having been elected Provost of the University of Maryland, with executive functions, I beg to announce that I have assumed the duties of the position.

After a survey of the financial and physical condition of the institution, I find that the Medical School stands in most urgent need of liberal assistance from the public and from the State.

The standard of medical education has been advanced so rapidly, and the cost of full time teachers, elaborate equipment and adequate laboratories is so great, that it is now impossible to conduct a school properly on the tuition fees of students. It is, therefore, necessary that the scientific departments shall be thoroughly equipped with apparatus and appliances, and that teachers who give their whole time to teaching and research shall be employed at adequate salaries. In order to accomplish this there must be at least five (5) endowed departments—chemistry, anatomy, physiology, pharmacology and pathology, and each department will require an endowment of $100,000, or $500,000 in all. A portion of this amount is in hand, and a considerable amount, from legacies, will be available some time in the future, but the immediate needs must be met by contributions from generous friends.

The members of the Faculty holding clinical chairs are now serving without compensation, and can do no more. The only teachers receiving salaries are those engaged in the laboratory branches.

The Medical School of the University of Maryland has been in active and honorable existence since 1807, over 105 years, and its doors have never been closed during this long period. It is now rated as a "Class A" school by the American Medical Association, and is fully registered by the New York Board of Education. It is, therefore, in good standing in all parts of the United States.

I therefore invite contributions for any of the purposes above mentioned, or for free scholarships, or for free beds in the University Hospital, or for new buildings.

Very truly yours,
Thomas Fell,
Provost of the University of Maryland.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTION BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	81 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00

1881	252 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	175 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	340 00
1904	135 00
1905	220 00
1906	195 00
1907	120 00
1908	45 00
1909	15 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
Total subscriptions to April 1, 1913	$10,467 17

NEW SUBSCRIPTIONS IN MARCH.

Clarence W. Stansfield, 1906	$10 00
E. H. Kloman, 1910	25 00
H. H. Warfield, Mgr. Univ. Hospital	10 00
Total	$45 00

THE CONSOLIDATION.

Since the last appearance of THE BULLETIN our alumni and friends, as well as the friends of higher education, will be pleased to learn that the merger between the medical department and the Baltimore Medical College has become an accomplished fact. We feel that all true friends of our institution will understand that the consolidation is for the better, and will lend the same loyal support to the combined faculties as they have so loyally done in the past to the separate schools. In the interest of better and fewer doctors the powers that be issued the ukase that the schools of Baltimore, if they expected to be retained in class A, must consolidate, as none individually had sufficient endowment or facilities to give an up-to-date medical course. Thoroughly realizing the state of affairs, the faculties of our school and the Baltimore Medical College got together, and after much laborious work evolved a working agreement which was satisfactory to the members of both institutions, and which was made an accomplished fact by the sanction of the Board of Regents of the University of Maryland. The following editorial, taken from the *Baltimore Medical College News*, speaks of the spirit in which their members and alumni have received the announcement of the combination of the schools:

CONSOLIDATION.

"The final arrangements for the merging of the Baltimore Medical College with the Medical Department of the University of Maryland have been completed.

"This very desirable consummation has been reached after a considerable period of negotiation between the schools. There will be mutual advantages in the merger. The Baltimore Medical College did not feel able to continue as a Class A school without endowment, and did not desire to continue as a medical school in any other class. The school had already been carried on for a great many years at a great sacrifice upon the part of the Board of Directors. The income from students' fees was not sufficient to pay full time laboratory men and the other expenses of laboratory and clinical teaching.

"The University will benefit by acquiring not only many capable clinical teachers, but will secure laboratory teachers who are among the very best in the city, and, in addition to this, will have the good-will of all the alumni of the Baltimore Medical College—2000 in number—most of whom are in active and successful practice throughout this country.

"The combination ought to make a powerful school. We wish to ask for the combined school the same loyal, earnest support which has been given the Baltimore Medical College during the past 30 years. The present Senior class of the Baltimore Medical College will be graduated, as usual, by the Baltimore Medical College, and it

will be the last class graduating under the auspices of the present Board of Directors."

On our part we desire for our alumni, students and faculties to assure our new alumni of the Baltimore Medical College that we will receive them with the same open arms as graduates of our school, and sincerely believe that the consolidation has been to the best interest of all concerned, as well as the raising of the medical educational standards in the South. It is well in this connection to state that at a special meeting of the General Alumni Association a resolution was offered, put in the form of a motion and adopted, "That the graduates of the Baltimore Medical College be and are considered graduates of the University of Maryland, and as such are entitled to membership in the Association upon the same terms as the graduates of the parent school." We therefore take this opportunity to count these men as one of us, and extend to them a most cordial invitation to identify themselves with us.

ITEMS

As an augury of the feelings and sentiments of the graduates of the Baltimore Medical College concerning its merger with the University of Maryland, it gives us pleasure to print the following extract from letters to members of the faculty of that college:

"Philadelphia and Reading Relief Association,
"Office of Medical Examiner, District No. 2,
"Reading, Pa., December 7, 1912.

"Dear Dr. Streett:

"Our alumni in Reading and vicinity, numbering about 20, have read with interest the proposed consolidation of medical colleges in Baltimore, and hope that this may be accomplished.

"Yours very truly,
"J. HENRY ORFF, M.D., ('04)."

"Oxford, Md., March 10, 1913.

"Dr. J. M. H. Rowland, Baltimore, Md.:

"My Dear Doctor—I read in today's Sun an account of the proposed merger of the B. M. C. with the U. of M., and the flood of reminiscences which came over me have impelled me to write this letter.

"While those of us who stand for the advancement of medical education and the betterment of the schools of medicine in the United States cannot help but feel that this union will assist toward that end, and thereby make the future generations of physicians better fitted than their predecessors, still to those of us who are, we will say, sentimental there comes a feeling of loss, one of something gone which cannot be replaced.

"To some of us our Alma Mater meant more than a building, more than an association of men to compose a faculty; it meant from an educational viewpoint the same as in our family life that dear old mother meant. Can anyone express in words what that term means?

"Dear old B. M. C., while to the men composing her faculty we, her sons, may have seemed forgetful and seem to have exhibited the feeling that when we had completed her course and obtained our diploma that our relations with her were over, it was not so. We always knew she was still there; that a welcome was there for each one of us at any time did we fell inclined and have the opportunity to visit her. Now she has taken a new relation to us. Will we say she has been absorbed by another? No, rather she has assumed the relation assumed by a widow marrying and changing her name. To those of us who have loved her she cannot die, and while her individuality is lost, while she no longer exists as a separate institution, still in the hearts of a great many of her sons she will always exist; the spirit of comradeship which was instilled into us while attending her courses of lectures within her walls cannot die; we must always feel for her as a son to his mother.

"But as I said in the beginning, there is a distinct feeling of loss to each one of us, and while the B. M. C. is not dead, she no longer exists for us as she once did I believe that the merger is for the best, and was a wise move on the part of the faculty, but stop for a moment in retrospection; look back over the years gone by.

"Graduates of our dear old school are scattered all over the world; they occupy positions of trust and responsibility in all branches of medicine, and when we come to that concrete individual, that many-sided man, that comforter of grief-stricken hearts, that holder of heart secrets, the country doctor, I venture to say that the graduates of the B. M. C. will stand in the fore ranks with the graduates of any school when he stands by the bedside after a drive of 10 or 20 miles, administers his remedies and brings comfort and re-

pose to his patient, the friends standing around do not stop to ask the doctor his school of graduation, they are not solicitous about his preliminary education, they only feel that feeling of gratitude and thankfulness which comes to one after seeing a service rendered and relief brought to a suffering loved one.

"Is not this, Doctor, really the sphere of our profession anyway, the relief of suffering humanity?

"In the training of men for this work the B. M. C. has done her duty, and the members of her faculty can well feel proud of their work and feel that they have not labored in vain.

"Kindly excuse this long letter. I am sure I voice the sentiments of the hundreds of men who have left her walls when I say, good-by, dear old B. M. C. We have loved you, and we love you still, and while we feel our loss in your absorption, still, like true followers of Esculapius, we will say, good-by all; God speed to your successor.

"Very fraternally yours,

"RALPH L. HOYT, B. M. C., '98."

The General Alumni Association entertained in honor of Dr. Thomas Fell at a reception at the Rennert on Thursday, March 27, 1913. Among those present were: Drs. Randolph Winslow, class of 1873; B. M. Hopkinson, class of 1885; Ernest Zueblin, professor of medicine; J. T. O'Mara, class of 1903; C. R. Winterson, class of 1871; Compton Riely, class of 1897; I. J. Spear, class of 1900; Frank Martin, class of 1886; A. H. Carroll, class of 1907; A. M. Shipley, class of 1902; Joseph T. Smith, class of 1872; Joseph W. Holland, class of 1896; R. P. Bay, class of 1905; J. H. Iglehart, class of 1903; S. DeMarco, class of 1900; J. M. Hundley, class of 1882; H. J. Maldeis, class of 1903; Robert L. Mitchell, class of 1905; Gordon Wilson, professor of clinical medicine; Charles E. Sadtler, class of 1873; W. G. Clopton; C. O. O'Donovan, class of 1881; Frank J. Kirby, class of 1892; W. B. Perry, B.M.C., class of 1884; S. K. Merrick, class of 1872; J. C. Hemmeter, class of 1884; A. C. Pole, class of 1876; G. Milton Linthicum, B.M.C.; Eugene F. Cordell, class of 1868; W. J. Coleman, class of 1908; Nathan Winslow, class of 1901; John D. Blake, B.M.C.; Charles G. Hill, B.M.C.; Louis B. Henkel, Jr., class of 1903; John G. Jay, class of 1871; C. W. Mitchell, class of 1881; W. H. Smith, class of 1900; Wilbur M. Scott, class of 1912; Reese A. Allgood, class of 1912; Henderson Irvin, class of 1912; M. L. Lichtenburg, class of 1912; C. W. McElfresh, class of 1899; David Streett, B.M.C.; Mactier Warfield, class of 1884. Messrs. Charles J. Bonaparte, Samuel Want, B. H. Waddell; T. L. Patterson, F. V. Rhodes, Edwin J. Baetjer, James W. Bowers, John F. Hancock, D. V. Cecil, Thomas MacKenzie, Edgar Allen Poe, E. W. Hodson, J. B. Thomas, John Henry Skeen and E. J. W. Revell. Judges Walter L. Dawkins, Henry Harlan, Henry Stockbridge. Drs. Daniel Base, Clyde B. Mathews, Henry P. Hynson, T. O. Heatwole, Sam Moore and Frank J. Valentine.

Dr. Carville V. Mace, class of 1897, who has been ill at the University Hospital, is reported to be much improved. Dr. Mace was operated on for stone in the kidney.

Mrs. Louis B. Henkel, wife of Dr. Henkel, Annapolis, Md., of the class of 1903, who was recently a patient in the University Hospital, is sufficiently recovered to return to her home.

Miss Jennie Garner, head nurse of the Maternity Department of the University Hosiptal Training School for Nurses, class of 1911, has been a patient there, suffering with an infected foot.

We are glad to announce that there is a movement well under way to present a portrait of Dr. Louis McLane Tiffany, class of 1868, to the Medical and Chirurgical Faculty. The committee is as follows:

Drs. Thomas R. Brown, Harry Friedenwald, Charles E. Sadtler, class of 1873; George Walker, class of 1888; William A. Fisher, Jr., J. Whitridge Williams, class of 1888; Julius Friedenwald, Carey B. Gamble, Jr., class of 1887; Frank Martin, class of 1886; St. Clair Spruill, class of 1890; Ridgely B. Warfield, class of 1884; Hiram Woods, class of 1882; John M. T. Finney, Archibald C. Harrison, class of 1887; Armenius C. Pole, class of 1876; William S. Thayer, William H. Welch, Thomas Chew Worthington, class of 1876, all of Baltimore, and Dr. James W. Humrichouse, class of 1873, of Hagerstown.

The invitation is as follows:

"IN HONOR OF DR. LOUIS M'LANE TIFFANY.

"It is the earnest desire of many admirers, both students and colleagues of Dr. Louis Mc-

Lane Tiffany, that a worthy portrait of their master and friend may hang in the halls of the Medical and Chirurgical Faculty of Maryland. There are few men who can look back upon a career of such distinction and usefulness as can Dr. Tiffany, and it is rare that a man can count so many students whose success in life has been directly dependent upon his own inspiring precept and example. While we desire that the portrait shall be essentially a testimonail from his colleagues in the State of Maryland, yet it has seemed to us that the opportunity to share in this demonstration of admiration and affection should be open to some of his students at more distant points.

"It is intended that the list of names of the subscribers shall accompany the letter of presentation. The amounts of the individual subscriptions will not, however, be made public. It is hoped that all of Dr. Tiffany's many admirers may feel free to make whatever contributions they will—no matter how small; for it will be particularly gratifying to him to realize how many friends truly desire to do him honor. It is requested that replies be sent before April 15."

Owing to lack of space in this issue, we were forced to omit the remainder of the list of graduates of the University Hospital Training School for Nurses, and the locations of the class of 1903, until the May BULLETIN.

Dr. William L. Burns, class of 1908, 183 Baltimore street, Cumberland, Md., has just returned from a trip to Boston and New York. While in New York he spent a week witnessing Dr. Friedmann treating patients with his new tubercular serum. According to Dr. Burns, the public is greatly misinformed about Dr. Friedmann. In his judgment, the treatment is of some value, but gives most promise in joint lesions. He saw a case of tuberculosis of the knee in which there was complete ankylosis in which there was almost complete return to function one week after treatment. He also saw many other cases apparently benefited. Lung lesions did not seem to yield as readily as other forms of tuberculosis. He was not in a position, however, to draw accurate conclusions, as too short a time had elapsed after treatment, but even here he thought he noted some improvement. Dr. Friedman, in conjunction with his special treatment, insists upon outdoor life and plenty of good nourishing food. As Dr. Burns puts it, he believes Dr. Friedmann 'has something," and that the profession should await the outcome of his experiments in New York before drawing definite conclusions as regards its value.

Noting the number of our alumni in Syria and Egypt, it is interesting to note that the first Syrian to enter the University was Dr. A. N. Halibi, class of 1899, now located in Damascus. Dr. Halibi is also a graduate of the Syrian Protestant College, Beirut, Syria.

Dr. Thomas H. Buckler, class of 1888, chairman of the Ten-Hour Labor Law Committee for Maryland, appeared before the Delaware Senate in defense of the ten-hour labor law.

Dr. M. J. Fine, class of 1910, of 508 Bergen street, Newark, N. J., writes:

"As you see from this letter-head, I am practicing medicine in New Jersey. Practicing is not what it is cracked up to be. The imaginations that a doctor has before he starts out to practice are only shadows after he begins. I thought I would have to hire a special policeman to keep away the patients from my door, but now I am glad if I see a patient a day. However, I have no kick coming for a beginner, and am beginning to pick up a little work."

THE BULLETIN is glad to hear that Dr. Fine is definitely located, and wishes him much success in the practice of his profession.

Miss Vera Wright, University Hospital Training School for Nurses, class of 1909, is a member of the United States Navy Nursing Corps, and is stationed in Washington, D. C.

Dr. Hampton Richards, class of 1908, has been elected Mayor of Port Deposit.

Dr. Walter F. Wickes, class of 1900, has returned from an extended trip to Florida.

Dr. J. Holmes Smith, Jr., class of 1905, U. S. P. H. S., is stationed at the Ellis Island Immigration Station, New York.

A portrait of Dr. John Butler, class of 1817, was presented to the Medical and Chirurgical Faculty of Maryland on January 21, 1913, Dr. Samuel C. Chew, class of 1858, making the presentation address.

DISPENSARY NOTES.

During the last five months there was a steady increase in the number of medical cases treated in that department.

November, 1912, 145 consultations, including 70 new cases.

December, 1912, 199 consultations, including 93 new cases.

January, 1913, 315 consultations, including 124 new cases.

February, 1913, 217 consultations, including 77 new cases.

March, 1913, 265 consultations, including 124 new cases.

The majority of the new cases were found afflicted with acute infectious diseases (grippe, tonsillitis, acute and chronic rheumatism) and diseases of the respiratory tract.

For the work accomplished at the medical box we feel obliged to Profs. E. Zueblin, J. M. Craighill, Drs. H. U. Todd, S. R. Clarke, W. G. Clopton, Douglas, Michael, E. H. Perkins, Nichols, and to the house students and senior students.

UNDERGRADUATE NOTES

Under the Supervision of E. Kilbourn Tullidge.

At a meeting of the Randolph Winslow Surgical Society on Monday evening, March 31st, the society concluded an exceptionally prosperous season, during which many excellent original papers were read and discussed. Certificates of membership were issued to members in good standing.

The society was formed in 1912 with the purpose of bringing together those members of the student body and faculty interested in the study of surgery, with the realization that knowledge can more readily be acquired through the combination of efforts than by individual work, and also to inculcate in the heart of each member an everlasting realization of his debt to his Alma Mater.

The officers for this session were: President, Earle G. Breeding; vice-president, E. Kilbourne Tullidge; secretary, T. Ruffin Pratt; treasurer, C. W. Judd; assistant treasurer, R. R. Sellers.

Cornell retained the intercollegiate title in wrestling on March 22d, when its men defeated Lehigh, its most formidable opponent, by 27 points to 14 points, although Princeton, considered entirely out of the running, sprung a complete surprise by finishing second with 19 points. Columbia was fourth with 10 points and Pennsylvania fifth with 7 points.

At the theater benefit held at the Academy of Music for the benefit of the Athletic Association, one of the striking features of the evening was the box occupied by the Latin-American Club. It was beautifully decorated with University of Maryland pennants, the front being draped with the new Latin-American Club banner. The banner is 3½x1½ yards, and consists of one blue corner, containing the Latin-American seal, and one white corner, in which is the seal of the University of Maryland.

The club presented Miss McDonald with a beautiful bouquet of roses, and after the show adjourned to the New Howard Hotel, where a banquet had been prepared.

President J. M. Buch responded to the toast, "Latin-America and Our University;" Joseph Morales to the toast, "Vive America." Other addresses were made by B. Karl Blalock and Oscar Paneles.

The Psi Xi Phi Fraternity occupied a box at the New Academy of Music on University of Maryland night.

A CHANCE FOR A SUMMER CRUISE ON A BATTLESHIP.

The Naval Department has issued a statement calling the attention of all college and high school students in all large cities to a recent rule adopted by the United States Navy which will permit students to take a two months' cruise on the battleships of the North Atlantic fleet every summer. It gives notice that it will be glad to help any students who desire to take such a trip.

The new rule was adopted for the purpose of training young men for possible future naval service. Any student over 18 years of age who has served two years in college taking a technical course or who has spent two years in a technical high school is eligible to take the cruise. It will cost him nothing, the Government feeding and clothing him during the cruise. He will not have to enlist in the navy, the only thing required being that he shall observe all regulations while on shipboard. The cruise will last two months, and at

the end of that period the student will be permitted to go back to his college.

On these cruises the students will be drilled in seamanship and navigation, and in the particular technical course they have been taking at school, thus getting valuable working experience in their chosen line of work. Particular attention will be paid to mechanical and electrical engineering and ordnance.

Some of the summer cruises of the fleets are in the direction of Europe, and will afford the young men a chance to see the world, at the same time not tying them down to an enlistment.

Psi Omega Fraternity occupied a box on University night at the New Academy of Music to see Miss Christie McDonald in the new opera, "Sweethearts."

The fifth annual convention of the Theta Nu Epsilon Fraternity will be held at Hotel McAlpins, New York city, on April 4 and 5, 1913.

Mr. Horace Byers of the Junior class has recently acquired a motorcycle, which he is frequently seen using to good advantage.

Prof. Gordon Wilson announces through THE BULLETIN that he has made the following appointments for service in the tubercular department of Bayview Hospital: Chief resident, Frank F. Callahan, class of 1913; house residents, C. S. Neistadt and Joseph Sparck, class of 1913.

Dr. Hiram Woods held a final examination on the diseases of the eye the third week in March in Davidge Hall for the Senior medical class.

Dr. R. T. Taylor held an examination on Wednesday, April 2, in Davidge Hall for the Senior class.

Mr. Edward Shott, class of 1913, has received an offer of an appointment as interne in St. Mary's Hospital, Waterbury, Conn.

Prof. Caspar Gilchrist held a final examination on diseases of the skin Monday, April 14, for the senior medical class.

Professor Fulton held his final examination in State medicine for the senior class the second week in April.

Mr. Frederick Detrick, who has been confined to his bed with a severe attack of measles, has fully recovered and is now attending college.

Mr. Dominick Di Stefano suffered a relapse and was again confined to his bed with acute articular rheumatism. This is the third attack Mr. Di Stefano has had this year.

MARRIAGES

Dr. H. Burton Stevenson, class of 1892, of Sherwood, Md., to Miss Katherine Torpey of Philadelphia, at Buffalo, N. Y., February 25, 1913.

BIRTHS

To Dr. William Kelso White, class of 1902, and Mrs. White, in April, a daughter, Eloise Ewens White.

DEATHS

Dr. Bruce Thomas, class of 1862, died at his home, 115 N. Farson street, Philadelphia, Pa., March 14, 1913, aged 80 years. Dr. Thomas formerly practiced in Frederick, but retired some years ago.

Dr. Robert Hamilton Campbell, class of 1889, died at his home in New Orleans, La., March 17, 1913, from typhoid fever, aged 44 years. After his graduation Dr. Thomas practiced for a time in Rockville, Md., and also served for two years as a medical missionary in China. He later gave up the practice of medicine and after spending some years in Yokohoma, Japan, settled in New Orleans, where he engaged in business.

Dr. James Everard Massey, class of 1871, died at his home in Rockville, S. C., January 20, 1913, aged 64 years.

Dr. Marcellus B. Shupe, class of 1885, died at his home in Connellsville, Pa., March 23, 1913. Dr. Shupe was surgeon of the Baltimore & Ohio Railroad. He was 60 years of age.

Mr. James B. Radlow, class of 1915, of New York died at the University Hospital during the first week in March, 1913, of peritonitis. The Sophomore class wishes to express its deep sympathy to the family. Mr. Radlow's death has cast a gloom over the entire class.

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SYMPTOMS AND PATHOLOGY OF ECLAMPSIA.

By J. M. Buch,
Senior Medical Student.

Eclampsia is an acute toxemia occurring in the pregnant, parturient or puerperal woman, and is usually characterized by clonic and tonic convulsions, during which there is a loss of consciousness, followed by more or less prolonged coma (Williams).

The word eclampsia comes from the Greek word *eclampo*, meaning *to flash out*, and refers to a sudden onset. This, however, is not the case, and, as will be mentioned later, prodromal symptoms usually occur.

The disease is seen about once in every 300 or 500 cases of pregnancy, and occurs most frequently during labor (intrapartum eclampsia); next in frequency before labor (ante-partum eclampsia, and least frequently after labor (post-partum eclampsia or puerperal eclampsia). It is seldom seen during the first half of pregnancy, increasing in frequency as term approaches.

Primiparity, hydramnios, heredity and twin pregnancies are all predisposing factors, its occurrence in the latter being tenfold that of normal.

Eclampsia is sometimes the termination of pre-eclamptic toxemia. According to Prentiss (*American Journal of Obstetrics* and *Diseases of Women and Children*, Vol. 64, page 255), by this "is meant the formation and retention within the body during pregnancy of unknown poisons that give rise to the symptoms which often precede eclampsia."

The eclamptic attack is most frequently introduced by premonitory symptoms which may last from a few hours to several days. Nausea may be present, sometimes very marked, and may or may not be associated with the ingestion of food; pain in the epigastrium, right hypochondrium or over the clavicle, especially the first, when persistent and severe, is indicative of an oncoming attack; severe frontal, parietal and rarely occipital headache; disturbances of vision, as asthenopia, amblyopia, diplopia and muscae volitantes; stupor, insomnia, mental excitement, vertigo, tinnitus aurium, sensation of weakness and edema may exist. The urine is usually scanty, containing albumen, casts and a diminished amount of urea. After such a train of symptoms the conditions may improve and the patient fall asleep, or more commonly they are followed by a typical attack which in a small proportion of cases is ushered in by a warning aura. The patient may utter a long cry or may cover her face with her hand as if to protect it from something.

A typical attack may be divided into three stages—*invasion, convulsions* and *coma*. During the *invasion* consciousness is lost, the pupils are usually dilated and the eyes stare; twitchings of the lips are followed by spastic contractions of the mouth, the face is cyanotic, the eyes roll up, and the neck rotates to the side. This gradually merges into the stage of *tonic and clonic convulsions*. In this stage the distortions of the face take on a descending character, the neck is thrown back in opisthotonus with the trunk, the fingers grasp the thumb; the muscles of respiration being affected, breathing may be suppressed or one or two breath movements may occur at the height of the convulsions; the face is congested and the lower extremities may at times contract; the tongue may partially protrude and a clear or bloody foam may come from the mouth; the contractions now may become clonic and breathing stertorous, and after a few seconds to few minutes the patient passes into the third stage or coma. The *coma* may last about half an hour or more, after which consciousness slowly returns, or the patient falls asleep and usually awakes con-

fused. The number of convulsions may vary from one to as many as 100 in severe cases, the intervals between varying from half an hour to a few seconds, one convulsion overlapping the other and giving rise to a true *status convulsivus* or *status eclampticus*, in which the patient may die without recovering consciousness, or it may partially reoccur just before the patient dies from edema of the lungs, congestion of the brain, hemorrhage, exhaustion, or later of puerperal infection.

Although the convulsions described occur with a high degree of frequency, several cases of eclampsia without convulsions have been reported.

In ante-partum eclampsia convulsions generally bring on labor, or pregnancy is artificially terminated. If labor does not result, the mother may die, or the fetus may succumb or survive the attacks, and on a second or third convulsion may be born either rigid or convulsive, and may show some of the pathologic lesions of eclampsia.

In intrapartum eclampsia labor may be rapid and convulsions may cease, or it may be delayed and cause death of the mother.

In puerperal eclampsia rapid recovery may follow after a single convulsion, or convulsions may increase in frequency soon after labor, causing a rapid death.

According to Lichtenstein (*American Journal of Obstetrics and Diseases of Women and Children*, Vol. 65, page 319), 90 per cent. of the cases of puerperal eclampsia deliver spontaneously with little loss of blood; in eclampsia the usual loss of blood is 500 c. c., or 100 c. c. to 150 c. c. more than normally, and in operative deliveries the normal loss of blood is increased by 40 per cent.; therefore, the amount of blood lost is a very important factor in the cause of puerperal eclampsia, for, acting like venesection, it relieves the hypertension and decreases the toxemia.

The *temperature* may be normal, but more commonly rises to 104° to 105° F. in the height of the attack, and gradually comes down as the patient recovers, or it may reach a much higher level just before death. Different causes have been ascribed to the rising of temperature, all of which are mere theories. The susceptibility, however, of the eclamptic patient to infection must not be disregarded in considering the etiology of the fever.

The *pulse* is full and bounding when the attack begins; it later becomes feeble and frequent, and more natural during coma. In the severe cases, however, it increases in rapidity and diminishes in strength, becoming thready and compressible as the fatal end approaches.

The *breathing* may be suppressed during the stage of convulsions, then it becomes stertorous, and gradually approaches normal as coma supervenes.

The *blood pressure* of the non-pregnant woman has been estimated to oscillate about 112 mm. of Hg.; that of the pregnant woman is usually about 118 mm. of Hg., but oscillations of 30 may occur with little significance, if any. In eclampsia with convulsions it may be as high as 200 mm. and as low as 155 mm., and convulsions do not occur when the blood pressure becomes lower as a result of poor resistance, as seen in fulminant cases or when lowered by veratrum viride (Bailey).

This hypertension is probably responsible for some of the symptoms, and in conjunction with increased permeability of the vessel walls may cause *generalized edema*, occurring sometimes in the form of "occult edema," which can only be detected by the rapid increase in weight out of all proportion to the amount or quality of food ingested.

Edema has been considered a valuable prognostic sign on the assumption that it carries away the poison, and so tends to relieve the brain of its mischievous effects.

Localized edema is usually the result of obstruction to the circulation.

The *urine* is very much decreased in amount, sometimes complete anuria occurring. Blood hyaline, granular and epithelial casts and kidney cells are all common. According to Dr. Williams, albumen is almost constant, fluctuating between 1 per cent. and 3 per cent.; is composed of serum-albumen and serum-globulin, and later disappearing. Still others claim that in some cases of puerperal eclampsia convulsions have occurred immediately after a urinary examination which did not reveal either casts or albumen.

The total nitrogen and urea decrease, while the amido-acids, creatinine and uric acid increase.

The ammonia coefficient decreases with the onset of convulsions, then rapidly rises and stays up for a variable length of time, which fact is considered by Williams to be a favorable sign.

Zinsser claims that the chlorides diminish rap-

idly toward the end in fatal cases—a tendency not noted in those that recovered.

With convalescence the urine gradually comes to normal; the nitrogenous contents increase partly from increased katabolism during involution of the uterus; the urea gradually disappears, and if persistent may be considered as due to a pre-existing chronic nephritis.

Mental symptoms may develop which may result in puerperal insanity.

Hemianopsia from cerebral lesions, albuminuric retinitis and toxic amaurosis may result.

Rarely jaundice may occur, and constitutes a bad prognostic sign.

The symptomatology may vary to some extent, and usually two clinical types are recognized—the hepatic and the nephritic types.

In the *hepatic* type the convulsions are more marked, more severe and more frequent; there is vomiting of a dark brown material; tympanites and abdominal tenderness exist; the urinary changes and edema are milder; jaundice is more common, and the prognosis more serious.

In the *nephritic* type the salient symptoms are headache, anuria, hypertension, edema, albumen, casts and hematuria. The prognosis is less grave.

PATHOLOGY.

After the discovery of albumen in the urine of eclamptic patients by Rayer in 1839, and its proof by Lever in 1843, the attention of the obstetrician was referred to the kidneys as being responsible for the symptoms of the disease, and they were supposed to be the seat of its pathognomonic lesions, but a careful consideration of post-mortem findings and their probable relationship to the prominent and fatal symptoms will disprove this old conception.

Carefully collected statistics show that the kidneys are very frequently involved in this affection, the main changes being usually of three types—*i. e.*, degenerative, acute inflammatory and chronic inflammatory. Eclampsia is generally considered to be an acute toxemia; therefore, changes of long standing or chronic inflammations of the kidneys are not very apt to be found unless they existed previous to the onset of the disease, or at least they are not to be considered as immediately fatal changes. Of all the lesions of the kidneys those most apt to be encountered in connection with acute intoxications of any kind are degenerations mainly of the parenchymatous and fatty nature and acute inflammations, such degenerations being undoubtedly of the mildest type, the more serious and lasting amyloid and hyaline degenerations being generally encountered in conjunction with chronic diseases and suppurations, especially of bones. From this simple reasoning, and admitting the acute and toxic character of the disease in question, we can justly infer that the simpler lesions of the kidneys are the ones to be expected in such a condition as this. It is true that such inference already presupposes the kidney lesions as merely secondary to toxemia, but even so post-mortem examinations and other means at our command do not prove the contrary, while both agree as to the final results, these facts being corroborated by the following statistics of Prutz:

Of 368 cases of eclampsia seven did not show any lesions in the kidneys, 46 per cent. and 11.6 per cent. showed acute and chronic nephritis, respectively, while degenerations were more frequently found. More commonly still, we find a combination of acute nephritis, with degeneration of the renal epithelium which may go on to necrosis. Other observers claim that the kidneys are very frequently found in a normal condition, and that when lesions are present they are usually secondary. So that, in conclusion, we may say that lesions in the kidneys, although often present, are not sufficiently marked to be considered pathognomonic.

THE LIVER.—Discarding the kidneys for a while, and remembering the marked decrease in the amount of urea eliminated through them by eclamptic patients, it is natural that our attention will be fixed on the liver.

Macroscopic Changes.—Deviations from the normal size and shape of the liver in eclampsia are neither characteristic nor constant, while the color of both external and cut surfaces is very much interrupted by irregularly shaped and sized spots of a reddish or yellowish color which give the organ a mottled appearance. Again, its contour may rarely be disturbed by the presence of hematomata resulting from subcapsular hemorrhages.

Microscopic Changes.—Hofbauer believes that fatty degeneration of the central portion of the lobules of the liver is found in all pregnant women the same as others sustain the occurrence of similar infiltrations in the kidneys known as

"the kidney of pregnancy," both of which subside soon after the completion of labor. The persistence or aggravation of such hepatic lesions is considered by some to be the cause of pernicious vomiting of pregnancy, while among others Des Ribes and Saint Blaise claim that they are practically the same as those of eclampsia and have the same anatomical basis.

Correct ideas as to the microscopic changes in the liver were first enunciated by Jurgens and Klebs in 1886, who considered it as a *hemorrhagic hepatitis*.

According to modern ideas, it seems to start with agglutination of the red blood cells in the smaller branches of the portal vessels, leading to thrombosis, deficient blood supply, degeneration and necrosis of the parenchyma around such areas, *i. e., at the periphery of the hepatic lobules*.

These changes are now considered to be the pathognomonic lesions of eclampsia, constituting, according to French ideas, a primary *hepato-toxemia*, taking place in probably all cases of eclampsia, and enabling us to distinguish it from pernicious vomiting of pregnancy in which the more widespread necrosis has its beginning around the central vessels of the lobule. This obviously has a very important bearing in some medico-legal cases.

Among rarer changes in connection with the liver might be mentioned emboli of hepatic cells occurring in other viscera.

The Brain.—Edema of the brain probably exists more commonly than is found in post-mortem examinations, perhaps due to a rapid subsidence after death. Many of the nervous symptoms have been variously attributed to pressure caused by edema of the brain increased by the strain of labor pains, and which have been termed "glaucoma of the brain."

Congestion is at times encountered, which, with the general hypertension generally found, may give rise to hemorrhage and apoplexy. These hemorrhages may be variously located as in the cortex, central ganglia or meninges, and in one case reported by Schmid hemorrhage in the fourth ventricle, with destruction of the vital centers, was the immediate cause of death.

Anemia and thrombosis has also been found.

Microscopic thrombi in the smaller cerebral vessels may cause small areas of necrosis.

Flattening of the convolutions is encountered.

Among the remote effects we may mention the puerperal hemianopsia caused by persistent brain lesions. The albuminuric retinitis sometimes found is probably secondary to kidney lesions.

The Heart. — Parenchymatous degeneration secondary to the toxemia is the usual finding, but thrombosis of the terminal branches of the coronary, with subsequent areas of localized necrosis and fatty degeneration, may also exist. These may give rise to acute dilatation, heart failure and death.

The wall of the smaller blood vessels and capillaries, accompanied by the increased blood pressure, may become more permeable to the fluid elements of the blood, causing edema, although some think the viscosity of the blood is increased.

The Lungs.—Here we have the same secondary changes already mentioned in other organs, as congestion and edema, this being a common cause of death. Anatomical peculiarities, however, may give rise to other changes, so that hemorrhagic infarcts may be found; aerogenic infection may cause broncho-pneumonia, and the interposition of these organs between the venous and arterial circulations, with their small capillaries, may cause them to be the first place of arrest of detached giant cells of placental origin.

In a post-mortem recently made in this hospital, besides all the changes already mentioned, a marked bloody effusion in the various serous cavities was encountered.

The foregoing constitute the main lesions of eclampsia in which the liver occupies the most important place, but other organs may be more or less implicated and have been made responsible for the cause of the disease.

For instance, the uterus and tubes may show interstitial lesions (Massen). The secretory portions of the mammary glands, although not claimed to be the seat of important changes, have been supposed to liberate some product which causes eclampsia the same as happens in the milk-fever of cows.

The thyroid gland, which normally enlarges and hypersecretes during pregnancy, giving rise sometimes to slight symptoms of hyperthyroidism, as the mild exophthalmos designated by the poet as "the soft eyes of motherhood," may fail to do so, and autopsy may reveal atrophy.

The parathyroids may show more or less indefinite changes, and Silvestry has claimed that

hypocalcification of the brain subsequent to hypoparathyroidism may be the cause of convulsions.

The spleen and adrenals rarely show indefinite changes.

Finally, the placenta may be the seat of infarcts, or hemorrhages probably predisposes by its normal fragility, influenced by the high blood pressure.

SYMPTOMATOLOGY OF GASTRIC AND DUODENAL ULCERS.

By Fuller Nance,
Senior Medical Student.

Gastric and duodenal ulcers are due to the action of the gastric juice on the stomach tissues.

The stomach is thought to be provided with a protective antienzyme which prevents the gastric juice attacking it, but by some perverted metabolism or lowered resistance through some cause its action is inhibited and we have ulcer formation.

There are four forms of peptic ulcer: (1) The common form, which has pronounced and well-recognized symptoms, or "gastrolgic dyspeptic form;" (2) latent form, which may go on for years, producing very little or no disturbance; (3) the acute perforating, which may be so rapid that it will produce perforation and death, with scarcely no local symptoms; (4) the acute hemorrhagic form, in which one of the first symptoms seen is profuse hemorrhage.

Physical examination shows very little, the diagnosis depending more on the history of the case.

In gastric ulcer, one of the first symptoms is an unusual gnawing hunger and pain in the epigastrium, which is usually relieved temporarily by the taking of food; but as the gastric juice is poured out to digest the food the pain is increased, due to the exposure of the fine terminal nerve filaments being irritated by the acid gastric juice. Some authorities claim that the free hydrochloric acid is greatly increased, while others claim that this is not true, but at some stage it seems to be in excess. The epigastric pains usually radiate toward the back, and there is great tenderness in this region on pressure, accompanied by more or less muscular rigidity on one side. Often about two hours after food the patient vomits and may suffer hemorrhage, but usually does not. The patient is treated for dyspepsia, which usually exists with a great deal of flatulency.

Blood more often exists in the stools which may be in such minute quantities as to be only detected by microscopic examination, or by testing for occult blood by Guaiac or Aloin test. Even when we find blood in stools, it does not prove peptic ulcer, as the blood may come from any portion of tract from mouth to anus. We also have to be very careful about the food that is taken before the test, as some meat or something might entirely destroy its value. An X-ray picture taken six hours after a bismuth test meal has been introduced that shows remains of bismuth, helps to confirm our diagnosis. In 100 cases operated on in one clinic, 77 cases were in males and 23 in women. When occurring in women, they seem to be in those who are addicted to tight lacing, or to have suffered with menstrual disorders.

There are about 10 gastric ulcers to one duodenal, and about 70 to 80 per cent. occur in men. They may be single or multiple, and may be associated with ulcer of stomach. They are formed in that part of the duodenum above the opening of the bileduct, where it is acted upon by the gastric juice, and is frequently associated with jaundice and sometimes with chronic Bright's disease.

The pain is longer in coming on after food, being four or five hours. The patient often wakes up at night with pain, due to late digestion of the supper, and will soon observe and tell you that a glass of milk or some food gives him relief. The pain is farther to the right, in the epigastric region or possibly in the right hypochondriac. The symptoms of pain and vomiting are not so marked.

Vomiting is not so common, and when it does occur it does not have the effect of relieving the pain. Bleeding is more common, although we seldom get it in vomit or stomach washings. It occurs in about one-third of cases and stool will often be found as a dark, sticky mass.

The patient is often very anemic from the loss of blood. It is estimated that about one-half of the cases of cancer of the stomach is preceeded by gastric ulcer.

There is nearly always associated with these

ulcers of the stomach and duodenum, eructation of gas from stomach which is of a peculiar, sour, bitter taste. There is more or less obstruction to passage of food, due to constriction of fibers of the musculature of the tissues, thereby causing the test bismuth meal to be held in the stomach longer than is normal. In a certain percentage of all cases of this character, there is tumor; i.e., a mass can be felt by the hand in palpation. This is not in all cases, but is occasionally found.

To sum up our symtoms in this condition we have: Acidity of stomach contents to a greater or lesser degree; pain of more or less severity, and coming on after food sooner or later, depending on the location of the ulcer; hemorrhage, to be found in nearly all cases if we diligently search for it; nausea and vomiting, nearly always seen at some stage; eruption of gas of peculiar sour, bitter taste; obstruction to some degree in all cases; tumor, in small percentage of cases.

UMBILICAL HERNIA.

By C. D. Whelchel,
Senior Medical Student.

Definition.—It is a protrusion of peritorium—containing at times, or permanently containing, any viscus or part of a viscus from the abdominal cavity—which is in the umbilical region, either acquired or congenital. The classes of umbilical herniae are clinically, reducible, irreducible, incarcerated, inflamed and strangulated.

Reducible—When the contents of the sac can be reduced into the abdominal cavity.

Irreducible—When the contents can't be reduced into the abdominal cavity, due to adhesions, the large size of the mass in some cases, or because of the excessive growth of omental fat.

Incarcerated—Is when obstruction takes place, due to damming back of feces or undigested food, the peristaltic wave arrested. This form is most common in irreducible hernias and during the existence of constipation.

Inflamed—Inflammation of an umbilical hernia is a local peritonitis, due to injury of the incarcerable form.

Strangulated—This is a condition in which, if the sac contains bowel, not only is the fecal circulation arrested and gas prevented from passing, but the circulation of blood in the bowel and omentum arrested. If not promptly relieved, gangrene soon occurs. The strangulation is much more dangerous if bowel is in the sac than if omentum alone.

Etiology.—Umbilical hernias may be either congenital or acquired.

Congenital—Here the sac is present at birth and due to developmental defect.

Acquired—Is due to intra-abdominal pressure. The sac is composed of a body, neck and mouth. When the sac is once formed, it usually persists throughout life, because it adheres to the surrounding structures. In this case, the contents of the sac may or may not be reducible, while the sac is irreducible. Fat may be deposited within the abdominal wall which lessens the size of the cavity, hence causing increased abdominal pressure, and the fat may protrude at the umbilicus. The mass of fat adheres to and makes traction on the peritoneum, which is drawn up to form the sac. This mode of formation is frequent in umbilical hernia.

Any condition which weakens the abdominal wall predisposes to hernia. The common cause is repeated muscular effort, which increases intra-abdominal pressure, as lifting heavy weights or any strain which causes a rise of intra-abdominal tension. An umbilical hernia may appear gradually or suddenly, depending upon the cause.

The sac of an acquired hernia exists for a longer or shorter period of time before the hernia enters it, or the sac may exist for years and the viscera never enter it.

Symptoms—In traumatic hernia the symptoms are: There may be violent pains in the mass, collapse, nausea and vomiting; also inability to walk without pain. In most cases, the viscera gradually find their way into the sac and here the pain is slight and ofttimes absent. However, at times the pain is severe. The contents may or may not be forced back into the abdominal cavity, depending upon the kind of hernia.

If the hernia be strangulated, the symptoms are: When the strangulation begins, the patient is seized with violent pains which are first intermittent, later becoming continuous. The hernia is found to be irreducible, larger than usual, tender to touch, very painful, and the percus-

sion note is dull. As a rule, vomiting is an early symptom and one that increases in severity. When the vomiting is an early symptom, it is due to reflex causes, later the vomiting is due to waves of reverse peristalsis, which cause regurgitation. At first the vomitus is from the stomach, next from the upper part of the duodenum and later the vomitus may be fecal in character. Early in the case there may be some temperature, later becoming normal or sub-normal. The pulse is irregular, weak and rapid. As time passes, the pains in the abdomen and hernia become more severe, and collapse frequently follows. When gangrene begins the symptoms become much less severe. There is not so much pain or nausea and vomiting becomes much less. Prostration becomes more marked; the pulse is weaker, more irregular and intermittent; the collapse deepens, and delirium follows.

Treatment—For a reducible umbilical hernia: Prevent constipation. Do not allow patient to take severe exercise or strain, and make patient wear a truss. The radical cure is an operation, as follows: Make an incision around the mass and separate the sac from the superficial tissues, if possible. If this can't be done, open the sac and separate it from the contents, then return the contents to the abdominal cavity. The sac is isolated and removed. The peritoneum is then closed by means of continuous catgut sutures. If possible the recti muscles are to be pulled together to close the opening; then the aponeurosis is closed with continuous cat gut sutures. A few sutures may be put in the subcutaneous fat and then the skin is closed with a continuous suture of silver wire; after which the patient is to be dressed under aseptic precautions.

AIR EMBOLISM.

By William F. Rice,
Junior Medical Student.

Of significant importance to medical men, and to surgeons in particular, is the subject of air embolism, a condition due to the entrance into the venous circulation of a quantity of atmospheric air.

That the forcible injection of air into the veins would cause death was known by observers as early as the sixteenth century, and Ferrier, in 1806, first noted a case where the air entered spontaneously into the venous circulation. Ammussat, in 1839, collected thirty-two cases of air embolism. Of these, nine were proven by autopsy; six, while not confirmed, were undoubted; five cases were doubtful, and the remainder recovered.

Experiments have proven that such animals as the dog and the horse can stand the forcible injection of large amounts of air into the venous circulation without bad effects, if the introduction is made slowly, so it would seem that man is much more susceptible or that the danger has been exaggerated.

Welch intimates that many of the cases reported were not really properly diagnosed, and that the gas found in the heart and vessels after death was not atmospheric air, but gas produced by the Bacillus aerogenes capsulatis, and he has isolated this organism from bodies after death. He insists that in no case is the diagnosis positive unless a bacteriological examination has been made and the absence of this organism noted.

In operations about the upper chest wall and the neck, as in the removal of growths, resection of the clavicle, reduction of shoulder dislocations, etc., the surgeon must exercise the greatest caution, for, as can be seen by the table below, there is a suction in the large veins of this region during inspiration, rendering the patient very susceptible to air embolism in case of injury to one of these vessels.

TABLE OF PRESSURE.

Left innominate vein,	— 0.1 mm. of mercury.
Right jugular vein,	+ 0.2 mm. of mercury.
Right subclavian vein,	— 0.1 mm. of mercury.
Left subclavian vein,	— 0.6 mm. of mercury.
Left jugular vein,	— 0.1 mm. of mercury.

Owing to the peculiar relations of the external jugular vein to the cervical foscia, and of the auxiliary vein to the costo-coracoid membrane, whereby these vessels are prevented from collapsing when injured, they offer favorite sites for the entrance of air. This region has therefore been termed "the danger zone," and surgeons, in operations in this locality, should use precautionary measures not considered necessary elsewhere, for instance, the large veins nearby should be located and either temporarily clamped or ligated and cut proximal to the seat of operation.

Cases of air embolism have been reported in connection with operations on the cranium, the

cranial sinuses offering easy means of ingress for the air, on account of the elevated position of the head during operation, the rigidity of the sinus walls, and the free hemorrhage accompanying such operations.

During pregnancy the uterine veins become enormously dilated, and when the placenta is detached some of the veins may be exposed. If the uterus contracts, and remains so, all right, but, if after contraction the uterus relaxes and the uterine cavity contains air, this may be drawn into the veins by the suction produced. Important factors to be noted here are: The elevation of the pelvis in certain operative positions, the anaemic condition of the patient, and the dilatation of the veins, particularly those of the broad ligament.

Skepticism is shown regarding reported cases of air embolism caused by injection of substances into the uterus for purposes of abortion, the probability being that the gas is formed by an organism as before noted. The same doubt attends the cases of Jurgensen's, where air was supposed to have entered gastric and intestinal veins, but some credence is given Janeway's hypothesis that transitory hemiplegia and other cerebral symptoms, which have been observed to follow washing out the pleural cavity with hydrogen peroxide, were the result of air embolism in the cerebral vessels.

When a vein in the "danger zone" is injured a peculiar hissing, gurgling or sucking sound is heard, which may be loud or scarcely audible, attended usually with bubbles of air in the wound. If the patient be conscious he will utter an anguished cry. There will be symptoms of collapse, face becomes pale and livid, the pupils are dilated and reflexes of the body abolished. On account of the embarrassment of the pulmonary circulation, respiration will be irregular, the pulse accelerated and scarcely perceptible. A churning systolic sound, due to the presence of air in the heart cavities, is heard on auscultation. If the patient is conscious convulsions, more or less severe, may develop.

Various views are entertained as to the cause of death in such cases.

Morgagni held that air bubbles, lodged in small veins, distended and pressed on the nerve centers, and his view has gained some weight from the results of experiments. It has been shown by some that the heart continues to beat for sometime after cessation of life. Air, injected into the carotid arteries, produced death in the same way as when injected into the veins.

Morgagni, in his post-mortem examination, claimed to have found froth in both ventricles, showing, if true, that the air must have passed through the pulmonary capillaries.

While this view as to the cause of death is not now strongly upheld, it is believed by many that cerebral injury is a contributary factor in the fatality.

Others attribute death to a breaking down of the air spaces and the formation of cavities in the lungs, but not much support is given to this theory.

While the cerebral and pulmonary theorists have their supporters, experimental and clinical evidence justify us in believing that the primary cause of death is the effect of the air on the heart. In the tricuspid insufficiency, sudden distention of the ventricles and obstruction of the coronary vessels, there is enough to account for the serious and fatal embarrassment of the heart action.

The anti-mortem diagnosis of air embolism can be made on the symptoms enumerated above, viz., respiratory embarrassment, convulsions, feeble and irregular pulse, characteristic sound on entrance of the air into the vein, and the reflux of blood mixed with air bubbles from the injured vein during systole.

The autopsy shows the right cavities of the heart distended with frothy blood and blood containing air bubbles is found in the pulmonary artery and in the large veins in the vicinity of the heart.

Treatment.—Since it is known that small quantities of air in the veins leads to fatal conditions, care should be exercised in performing operations in the "danger zone." As soon as the injury to the vein is detected pressure should immediately be made upon the proximal portion of the vessel and the wound filled with normal salt solution to prevent ingress of any more air.

Stimulants should be given; nitrite of amyl inhalation acts rapidly on the heart, and by causing rapid dilatation of the vessels aids in relieving the heart. General stimulants, such as strychnine, camphor and alcohol, given hypodermically, aid greatly in relief.

Overdistention of the right ventricle is the main cause of fatality, so measures should be instituted to relieve the same.

Puncture and drainage of the right ventricle can be performed by introducing a needle obliquely, from below upward in the left intercostal space between the fourth and fifth ribs, about one and a half inches from the sternal margin. Senn has also recommended catheterization of the right auricle until all the frothy blood has been withdrawn, this to be replaced with normal salt solution at the temperature of about 120° F.

While both of these proceedings are very radical measures, they are justifiable on account of the high mortality in untreated cases of air embolism.

We are in receipt of the following letter from Dr. G. M. Van Poole, class of 1899, Major, Medical Corps, U. S. Army, stationed at Fort Washington, Md.:

"Fort Washington, Md., April 21, 1913.

"*Editor of the Hospital Bulletin,*
608 Professional Building,
Baltimore, Md.

"My Dear Sir—I read with pleasure the noble addresses and greetings made by the members at the reception tendered Dr. Fell by the General Alumni Association of the University of Maryland on March 27, 1913. I was particularly interested in what Dr. B. Merrill Hopkinson had to say about successful advertising. I think he sounded the keynote of progress, especially in the medical school rôle.

"In my travels throughout the country I have frequently encountered doctors and others, especially in the Western States, who desired to send their sons to an Eastern college. They know practically nothing about the Eastern schools, so they pick up the first medical journal that comes to hand and look under the heading of some of the Eastern States and select a city. Suppose they select Baltimore; they find several schools advertised, and naturally write to one or all of these for catalogues, from which they select a school.

"The Surgeon-General of the Army furnishes the following journals for the use and benefit of the medical officers in the army: *Journal of the American Medical Association, Medical Record, New York Medical Journal, Annals of Surgery, Boston Medical and Surgical Journal, Journal of the Medical Sciences,* and several others, some foreign. In not one of these leading journals does an advertisement of the University of Maryland appear. Of course, the alumni are going to do all they can for their Alma Mater, but some are scattered at quite a distance, and when they see the other schools advertised so vividly and their own not at all, it is bound to make an impression upon them, and when their sons are to enter a medical school they will undoubtedly write for a catalogue from the school from which they were graduated, but at the same time they will write to the advertising schools, too.

"By advertising I don't mean that it should be done in such a manner as to warrant criticism, but do it judiciously and a sufficient amount to keep abreast of some other schools whose achievements, no matter how small, are known throughout the country. We all know that our dear old University needs no advertising; that her teaching staff can be excelled by none; that the facilities for obtaining practical experience are equal to the best; but, unfortunately, the outside world is not aware of these facts.

"The University of Maryland has always had an enviable record; her sons have reached the zenith in their profession, and now that she and her sister, the Baltimore Medical College, have agreed to join hands in the common cause, they should not forget one of the most essential features in any successful business enterprise, *i. e.*, 'it pays to advertise.' "Fraternally yours.

"G. M. Van Poole,
"Major, Medical Corps, U. S. Army,
"Class of '99."

The following graduates (Baltimore Medical College) hold the following positions in the United States military service:

Major William H. Brooks, U. S. A., class of 1889.

Major Roger Brooke, U. S. A., class of 1900.

First Lieutenant Lloyd A. Kefauver, U. S. A., class of 1906.

First Lieutenant Madison H. Bowman, M. R. C., U. S. A., class of 1892.

Passed Assistant Surgeons, U. S. Navy:

Lieutenant James S. Woodward, class of 1901.

Lieutenant Fletcher H. Brooks, class of 1902.

Lieutenant Clarence E. Strite, class of 1902.

United States Public Health:

Assistant Surgeon H. E. Hasseltine, class of 1904.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, APRIL 15, 1913.

RETROSPECT, SESSION 1912-13.

Another academic year is rapidly approaching completion, and will soon be numbered with the long line of its predecessors. In what manner does it differ from those that have preceded it, or have any material advances been made? In the first place, an enormous amount of housecleaning has been done; the various buildings have been renovated and put in fine condition, and useful and much-needed equipment has been procured. After many years of solicitation we have finally succeeded in getting smooth asphalt and wooden-block pavements on Lombard and Greene streets, thereby lessening the noise and dust. For this benefit we are largely indebted to Prof. Timothy O. Heatwole, Dean of the Dental Department, and a member of the City Council. The teaching faculty has been reorganized and placed on a university basis; that is, seven full-time teachers have been employed during the session, who have given their whole time to the University, besides several others who were practically full-time instructors. By this change our laboratories are now in charge of men who devote their time to the school, and do not practice medicine for a livelihood. This is a condition that differs largely from that of previous years, and is also a great advance. The students have been more thoroughly trained in the fundamental branches, as well as in practical clinical work. Professor Zueblin has practically revolutionized the medical teaching, and has worked faithfully with the men in the wards and dispensary; and has made them do much microscopical and chemical investigation in the clinical laboratories. He has also established practical bedside examinations of candidates for graduation, in addition to the theoretical written examinations. In surgery much the same methods have been introduced, and the effort has been made to teach by demonstration rather than by didactic means. In some instances proficient students have been allowed to perform minor operations on patients, under the strict tutelage of the instructor, as well as to give anesthetics under supervision. Our superb obstetric clinic affords magnificent opportunities for the practical instruction of senior students, which is fully utilized. We might mention the various special departments in which practical clinical instruction and practice has largely superseded other methods of teaching. We think, therefore, that the work of the session that is closing has been well done; in fact, that it has been better done from the pedagogic standpoint than ever before. After January 1, 1914, a year's work of collegiate grade in chemistry, physics, biology and either German or French will be required in addition to a completed four-years' high-school course for admission to the freshman class, and this will insure a better educated and more competent class of students in the near future. Two events of great importance, both to the medical department and to the university as a whole, have also occurred during the present academic year, and serve to differentiate this session from the others that have preceded it. The first of these events was the election of Thomas Fell, L.L.D., D.C.L., as Provost of the University of Maryland. Dr. Fell is a distinguished educator and an able administrator, and from that viewpoint his election is satisfactory; but he is the first Provost under salary and exercising actual executive functions as the head of the institution, and we believe his inauguration means a new era in the history of the University. We now have a head, with executive offices at the University, and the necessary equipment for efficient work. The other event is the merging of the medical and dental schools of the Baltimore Medical College with those of the University. By this means the number of competing schools is diminished, additional equipment secured, another large hospital brought under our clinical control, and a number of able teachers added to our corps. The large

and loyal alumni body of the Baltimore Medical College has been made eligible to election in the General Alumni Association of the University, and will doubtless prove loyal and useful members. In looking backward we have good reason for felicitating ourselves on the progress made, and of entertaining the belief that we have entered upon the road that leads to success.

THE CLASS OF 1873.

The class of 1873 consisted of 46 members, of whom only 19 survive at this time. While most of its members have been prominent and successful physicians in their respective localities, the class is remarkable for the fact that three of its members have been professors and regents of the University and several others have held chairs in other medical schools.

Dr. J. Edwin Michael was successively professor of anatomy, and of obstetrics, and held the latter chair at the time of his death in 1895.

Dr. Randolph Winslow was elected to the chair of anatomy and clinical surgery in 1891, and succeeded Dr. L. M. Tiffany in the chair of surgery in 1902.

Dr. Thomas A. Ashby was elected professor of diseases of women in 1897.

Dr. Geo. H. Rohe was for many years a professor in the College of Physicians and Surgeons of this city, and was the head of the Spring Grove Hospital for the Insane, and subsequently of the second hospital for the insane at Springfield. He died in 1899.

Dr. T. Morris Murray held a chair in Washington, D. C., and Dr. Virginius W. Gayle one in Kansas City, Mo.

Four members of this class have also been elected President of the Medical and Chirurgical Faculty of Maryland—Dr. Ashby in 1890, Dr. Rohe in 1893, Dr. Michael in 1895, and Dr. Winslow in 1913, to assume office in 1914.

AN EXAMPLE TO BE EMULATED.

The Medical College of South Carolina has had quite a close connection with the University of Maryland. In 1831 Dr. Eli Giddings, a man of great erudition, was called from Charleston, S. C., to the professorship of anatomy and physiology in the University, but in 1837 he returned to Charleston and was made professor of surgery in the Medical College of South Carolina, with which institution he continued to be associated for 40 years. He became the most prominent physician in his city and State, and enjoyed a national reputation. In 1868 Dr. Julian J. Chisolm, professor of surgery in the Medical School at Charleston, was elected to a chair in this University, and subsequently was professor of eye and ear diseases until his resignation in 1895. He was the most instructive teacher that the writer has ever listened to, and he became a man of great distinction in his specialty. In 1869 Dr. Francis T. Miles, a former professor of anatomy in the Medical College of South Carolina, was elected professor of anatomy, and later professor of physiology in this University. He was a person of rare charm of speech and manner, and was a great ornament and asset until his death in 1903. We have, therefore, been indebted to this South Carolina college for three of our most distinguished professors, whose memories cling like a fragrant perfume to our halls. This college has not been able to keep up with the advance of medicine, and was placed in Class C by the Council on Medical Education of the American Medical Association. Recently it has been absorbed by the State University as an integral factor, and by a whirlwind campaign was able to raise $76,000 in 10 days from the citizens of Charleston. We have derived great benefit from the teachers who were trained in this school, and we rejoice in its good fortune, and hope that it is on the road to prosperity. But the lesson that we especially desire to impress upon our rulers is that we, in a similar manner, must make a vigorous demand upon the citizens of Baltimore and Maryland if we expect to get the endowment, without which we shall not be able to exist.

THE PATHOLOGICAL ENDOWMENT FUND.

This fund grows slowly. Small favors are thankfully received and larger ones in proportion. If one adds up the column of figures of the contributions by classes, it will not be found to correspond with the sum total as reported each month. It is not intended to do so. There are other contributions by persons who are not graduates. The total is correct, however.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00

1871	35 00
1872	81 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	252 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	175 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	105 00
1900	220 00
1901	270 00
1902	330 00
1903	340 00
1904	135 00
1905	245 00
1906	195 00
1907	120 00
1908	45 00
1909	15 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
Total subscriptions to May 1, 1913	$10,542 17

NEW SUBSCRIPTIONS IN APRIL.

Harry A. Cotton, 1899	$50 00
Robt. L. Mitchell, 1905	25 00
Total	$75 00

ITEMS

The following completes the list of graduates of the University Hospital Training School for Nurses, a partial list of which appeared in March BULLETIN:

CLASS OF 1906.

Mrs. Ethel P. Clarke, University Hospital, Baltimore.

Sara M. A. Sanderson, Baltimore.

Clara E. Query, Baltimore.

Sara W. Cunningham (Mrs. Arthur W. Morse, U. S. A.).

Katharine Landwehr (Mrs. Charles Lemley), West Virginia.

Nellie H. Carter, Chatham, Va.

C. M. Phillips (Mrs. Greufell).

A. E. Chapman (Mrs. J. E. Wright), Easton, Md.

Mary C. Ellicott (married).

Leonore G. Doyle (Mrs. W. W. White), Baltimore.

Mrs. Georgia A. Truitt (dead).

Miriam L. Jessups (Mrs. F. B. Hines), Chestertown, Md.

Margaret E. Lawrence, Baltimore.

CLASS OF 1907.

Amy B. Tongue, Mt. Vernon, N. Y.

M. W. Pue.

Rosamond Minniss, Walker Hospital, Wilmington, N. C.

Naomi V. Hissey, Baltimore.

Nannie L. Brian, Rocky Mount, N. C.

Grace I. Bay, Baltimore.

Lula E. Minor, Baltimore.

Mary E. Grimes, Baltimore.

Alice F. Bell, Annapolis, Md.

Isabella Griffith, Baltimore.

Esther E. Brewington, Walker Hospital, Wilmington, N. C.

Jane T. Haydon, Baltimore.

Ella B. Ogburn.

Nancy M. McNabb, Baltimore.

Clara B. Robinson, Baltimore.

Corrie F. Peyton, Baltimore.

Jennie D. Barber, Baltimore.

CLASS OF 1908.

Martha R. Hamlin.

Clyde C. Dawson (Mrs. F. S. Lynn), 1619 St. Paul street.

Henrietta U. Gourley, 2128 St. Paul street, Baltimore.
Augusta C. Russell, Jacksonville, Fla.
Ethel P. Schull.
A. R. Cunningham.
Minnie B. Anderson (Mrs. R. B. Hayes), Fayetteville, N. C.
Mary Gavin, The Walbert, Baltimore.
S. A. Howstrauser, Baltimore.
Rose Wilson.
Charlotte A. Cox, Baltimore.
Mary E. Wright (Mrs. G. H. Richards), Port Deposit, Md.
Lulu A. Price.
Maude F. Smith (Mrs. S. R. Cornelius), Baltimore.
Mary V. Hamlin, Danville, Va.
Harriet J. Parsons, The Walbert, Baltimore.

Class of 1909.

Catherine M. Dukes, 1425 John street.
Mrs. Anna M. Green.
Laura S. Chapline, 2318 North Charles street.
Louise D. Pue, Baltimore.
Grace S. Tull, 1425 John street.
Annie C. Wham, University Hospital.
Eva S. Chapline, 2318 North Charles street.
Beulah O. Hall, Gainesville, Fla.
Elizabeth M. Getzendaner, Guilford Apartments, Baltimore.
Emily L. Ely, 2034 Druid Hill avenue.
Lucy B. Squires, Jacksonville, Fla.
Gertrude H. Tews (Mrs. L. G. Cole), Jessups, Maryland.
Helen M. Robey, 515 Cecil avenue.
Blanche Almond, Virginia.
Lettie B. Carter, University Hospital.
Mary B. Saulsbury (Mrs. J. H. Bay), Havre de Grace, Md.
Vera Wright, Navy Nurses Corps, Washington, D. C.

Class of 1910.

Ellen C. Israel, 1403 Madison avenue.
Amelia A. Strohm, Brooklyn, N. Y.
Gertrude A. Garrison (Mrs. R. D. McMillan), Red Springs, N. C.
Adele D. Barrett, Georgia.
Margaret M. Taylor, Baltimore.
Florence A. King, Fayetteville, N. C.
Mary V. Kimmel, Kernan Hospital.
Sarah A. Lee, Baltimore.
Sarah L. Long, Baltimore.
Lula C. Price, Baltimore.
Cora N. Burton, 640 West North avenue.
Virginia O. McKay, Baltimore.
Marie B. Murchison, Baltimore.
Annie M. Drye, Baltimore.
Martha V. Edmunds (Mrs. Dwight G. Rivers), Fort White, Fla.
Pauline B. Pleasants, Baltimore.
Mae C. Wiggin, U. S. N., Brooklyn Navy-yard.
Lucy B. Barber, Baltimore.
Agnes Holland, Baltimore.
M. Louise Gephart, 2410 Maryland avenue, Baltimore.
Fannie Meredith, Baltimore.

Class of 1911.

Annie S. Grubb.
George A. Hulton.
Frances W. Sprecher, 1403 Madison avenue.
Elizabeth C. Patterson, Baltimore.
Barbara Stouffer, Hampton Court Apartments, Baltimore.
Mary G. Brady, 640 West North avenue, Baltimore.
Nellie E. Curtiss, 1403 Madison avenue, Baltimore.
Eva Robinson, Baltimore.
Marvel Scarff (Mrs. J. H. Von Dreele), 846 West 36th street, Baltimore.
Stella W. Ricketts, Baltimore.
Naomi Helland, 1403 Madison avenue, Baltimore.
Ivy I. Kinney (Mrs. Judson Hair), Coketown, West Virginia.
Alva Williams, Hampton Court Apartments, Baltimore.
Ruth E. Berlin (Mrs. Chipman), Detroit, Mich.
Mary E. Sullivan, University Hospital.
Jennie R. Garner, University Hospital.

Class of 1912.

Mattie Coale, Baltimore.
Agnes Lynch (Mrs.), Virginia.
Marion Smith.
Alice Wells.
Lucy Harvey, 1305 Madison avenue.
Juliette Miles, City.
Eulalia Cox.
Bernice Conner, 640 West North avenue.
Lena Stouffer, Hampton Court Apartments.
Mary Steiner, Annapolis.
Eliza Ridgeley, Baltimore.
Ethel Logue, Baltimore.

Lillian Blake, 1403 Madisonavenue, Baltimore.
Blanche Prince.
Ethel Dawson, University Hospital.
Lucy Lilly, 1115 Madison avenue, Baltimore.

Class of 1913.

Dorothy Henrietta Patterson, Pennsylvania.
Martha Misikofski, Maryland.
Willie Brown Hull, Virginia.
Evelyn Houston Chase, Virginia.
Edith Mildred Brownell, Rhode Island.
Adelaide Caroline Coward, North Carolina.
Sophia Frances Hessler, Maryland.
Golda Gleneith Price, Virginia.
Mary Rennie, Maryland.
Elva Lydia Dean, Maryland.
Mary Myrtle Selby, Maryland.
Margaret Gertrude Laws, Maryland.
Anna Elizabeth Butts, Maryland.
Volina Maybell Rutherford, Virginia.
Mary Ann Rutherford, Virginia.
Pearl Levora Rush, Maryland.
Katherine Veronica Shea, Massachusetts.
Natalie Isabel McCann, Maryland.
Katherine Woodall Welch, Maryland.
Edith Dent, Washington.

Dr. Lemuel Offutt, class of 1876, of Greensburg, Pa., recently spent a few days in Baltimore. Dr. Offutt enjoys a large and lucrative practice, is a man of immense importance in his community and is held in the highest esteem by all with whom he comes in contact. He has a wide medical experience, both practical and theoretical, which he constantly puts into use both in his own practice and consultation with his brother-physicians.

Dr. Charles C. Croushore, class of 1905, is also located at Greensburg, Pa.

Dr. A. P. Herring, Baltimore Medical College, class of 1896, secretary to the State Board of Lunacy, notified Superintendent Gregg of Montevue Hospital that all female negro patients from other counties would be removed to the State institution at Crownsville May 10, the white patients from other counties having previously been removed. In a short time only Frederick county patients will be left at Montevue.

Dr. Thomas Fell, provost of the University of Maryland and president of St. John's College, recently attended the sessions of the Southern Educational Conference in Richmond, Va. Dr. Fell represented both institutions over which he presides.

Dr. G. Carville Mace, class of 1897, who has been ill at the University Hospital, is much improved.

Miss Jennie Garner, head nurse of the maternity ward, University Hospital, who has been ill with an infected foot, is much improved.

Mrs. Louis B. Henkel, wife of Dr. Louis B. Henkel, Jr., class of 1903, of Annapolis, Md., recently underwent an operation at the University Hospital.

Dr. A. Duvall Atkinson, class of 1894, and Mrs. Atkinson have left for Norfolk, Va., where Dr. Atkinson is recuperating from a recent attack of pleurisy.

Dr. W. Milton Lewis, class of 1888, and Mrs. Lewis of 1400 Linden avenue have opened their country home at Lutherville, Md.

William Culbert Lyon, class of 1907, formerly of Baltimore, Md., is now an Assistant Surgeon in the U. S. Navy, stationed at Richmond, Va., on recruiting duty. We are glad to hear of Dr. Lyon's success, and trust that his work will be most congenial to him.

In response to a request, we are glad to give the list of the class of 1903, as follows:

Willis Alston, Jr., Littleton, N. C.
John Frazee Armentrout, Staunton, Va.
Howard Elmer Ashbury, 1017 Cathedral street, Baltimore.
Guy Philip Asper, Chambersburg, Pa.
Augustus A. Babione, Luckey, O.
Albert Lee Barrow, Konnorock, Va.
Monsel Ray Bell, Keyser, W. Va.
Josiah Slicer Bowen, Mt. Washington, Md.
Horace Russell Boyer, Oakland, Cal.
Hugh Warren Brent, 906 N. Calvert street, Baltimore.
Beverly Waugh Briscoe, Accident, Md.

William Irvin Buppert.

J. Walter Burch (dead).

Joseph Henry Cahoon, 253 W. 22d street, New York.

John William Carroll, Wallace, N. C.

Henry Poindexter Carter, M. C. 1st Lt. U. S. A., Fort D. A. Russell, Wyoming.

Daniel David Coffey, 1347 Noble street, Chicago, Ill.

Frank Scott Cooper, Roanoke, Va.

Naim Suleiman Cotran, medical officer in Egyptian Army.

William Wilhelm Craven, Huntsville, N. C.

Robert Orr Crist (died May, 1907).

Richard H. V. Dann, Elmira, N. Y.

Joseph L. De Cormis, Accomac, Va.

Harry Cramer Donahoo.

Byron W. Eakin, Carlisle, W. Va.

Albert D. Edwards, Roanoke, Va.

Lester J. Efird, Tampa, Fla.

Joseph Gamewell Evans.

Walter Hollis Everhart, Newton, N. C.

Robert Waldorf Fisher, Morgantown, W. Va.

Willis Bryan Fitch, St. Johnsbury, Vt.

Manuel Fossas, Manual, Bayaman, Porto Rico.

Bernard S. French, 1514 Hollins street, Baltimore.

Charles Wofford Gentry, Greenville, S. C.

Harold H. Hartley, Jr.

Louis Barnard Henkel, Jr., Annapolis, Md.

Henry Marvin Hodgson, Lonaconing, Md.

Howard Steele Holloway.

Arthur Ralph Hunter, Simpsonville, S. C.

J. Howard Iglehart, 539 N. Carrollton avenue, Baltimore.

Rollin Jefferson, Jr., 246 Hyde Park avenue, Tampa, Fla

Harry Otis Johnson, Machias, Maine.

Howard Wilbur Jones, 222 Augusta ave., Baltimore.

William Merritt Jones, Jr., High Point, N. C.

Shadid Abraham Khuzami, medical officer in Egyptian Army.

George S. M. Kieffer, Morrell Park, Md.

Samuel J. King, Grand Junction, Tulsa county, Colorado.

William Elmo Kurtz (died May, 1907).

Harry Allen Lakin, 714 W. 8th street, Erie, Pa.

Albert Lafayette Levy, 1229 E. Madison street, Baltimore.

Arthur F. Lindley.

W. Clinton Linville, Winston-Salem, N. C.

Richard Nuckolls Littlejohn, Jr.

George Carroll Lockard, 1631 W. Lafayette avenue.

Evel H. Lyon, Rougemont, N. C.

Howard J. Maldeis, Kate avenue, Arlington.

Thomas Allen Mann, 911 N. Mangum street, Durham, N. C.

S. Dace McPherson, Durham, N. C.

Herbert Meyers, Confluence, Somerset county, Pennsylvania.

J. Hernando Minor (unknown).

Fred Clifton Moor, Tallahassee, Lean county, Florida.

Eugene Hagan Mullan, Immigration Service, Ellis Island, N, Y.

James Arthur Norton, Conway, Harry county, North Carolina.

Thomas J. O'Donnell, 405 Warren avenue, Baltimore.

John T. O'Mara, 1042 Edmondson avenue, Baltimore.

Charles Augustus Overman (not in practice), Baltimore.

William J. Pabst.

Ector C. Patterson.

Robert William Petrie, Charlotte, N. C.

Joseph Battle Philips, Jr., (unknown).

Charles Richardson, Belair, Harford county, Maryland.

Joseph Potter Riggs.

Walter Daniel Riordan, 187 Newbury street, Lawrence, Mass.

Arnold M. Rosett, 2221 Fitzwater street, Philadelphia, Pa.

Joshua Rosett, 1503 E. Baltimore street, Baltimore.

Leland Blackwood Salters, Blenheim, S. C.

Clifford T. W. Sappington, Libertytown, Maryland.

Walter Wesley Sawyer, Shiloh, N. C.

George R. Sledge, Parksby, Va.

Laomi J. Smith.

L. Nathaniel Spengler, Donalsonville, Ga.

Charles Edward Terry, 2601 St. John's avenue, Jacksonville, Fla.

Guy Franklin Thigpen.

William Ferguson Torbitt, Bennett, Neb.

Felix Villamill, Goshen, N. Y.

Daniel Alvey Watkins, 115 N. Potomac avenue, Hagerstown, Md.

Frank Watkins Weed, Fort Totten, N. Y.

George Frederick Whelpley, 420 Massachusetts avenue, Boston, Mass.

Harry L. Whittle, Waverly, Md.

Frederick J. Wilkins, 1507 N. Broadway, Baltimore.

Albert Livingston Wilkinson, Belair road and Cole avenue, Baltimore.

Charles S. Williamson.

Mark Stanley Wilson, Marlington, W. Va.

Richard Eugene Windley, Swanquarter, N. C.

Fairfax G. Wright, 153 S. Main street, Chambersburg, Pa.

Calvin Todd Young, Plant City, Fla.

We will be very glad to receive information regarding the missing alumni.

The following have been elected officers of the Adjunct Faculty for the ensuing year:

President—Nathan Winslow, class of 1901.

Vice-President—E. H. Kloman, class of 1910.

Secretary-Treasurer—A. H. Carroll, class of 1907.

Executive Committee—J. W. Holland, class of 1896; R. L. Mitchell, class of 1905, and R. P. Bay, class of 1905.

UNDERGRADUATE NOTES

Under the Supervision of E. Kilbourn Tullidge.

Mr. L. B. Crumrine, clinical assistant in the University Hospital, recently underwent an operation for deviated septum and is now convalescing.

Dr. Irving J. Spear held his final examination for the senior class on diseases of the nervous system in Davidge Hall, May 1. The examination was exceptionally fair and should have been passed by all.

The annual banquet of the Sigma Tau Chapter of the Theta Nu Epsilon Society was held at the Rennert Hotel on Friday, April 25. Prof. A. M. Shipley acted as toastmaster. The elaborate menu and program of splendid toasts were proof that all enjoyed the evening.

The Kappa Psi Fraternity is preparing to keep their house, 242 West Hoffman street, open during the summer months.

The Phi Sigma Kappa Fraternity have renovated their house on Mt. Royal avenue, and have decided to keep it open during the summer.

The following members of the senior class took the examination on Saturday, April 26, for interneship at St. Joseph's Hospital:

Frank W. Gemmill, Frederick L. McDaniel, S. A. Alexander, William H. Scruggs, Jr.

Prof. Gideon Timberlake held his final examination in Davidge Hall for the senior medical class in genito-urinary diseases on May 9.

The Latin-American Club held its annual banquet at the Rennert Hotel Saturday evening, April 26. A feature of the evening was the good fellowship that prevailed. President J. M. Buch acted as toastmaster and proved an exceptionally good one, according to all reports. Speeches were made by H. M. Perez and J. Reinicke, class of 1913.

The Undergraduate Department of the BULLETIN wishes the club great success in all its future undertakings.

Messrs. R. B. Hill and N. B. Hendrix of the sophomore medical class have recently recovered from severe attacks of the measles and are now preparing for their final examination.

Mr. Louis A. Birely of the sophomore medical class has recently returned from a week's visit to Lynchburg, Va.

The Nu Sigma Nu Fraternity has again decided to keep its home open during the summer.

Midshipman Karl B. Wilson, United States Navy, Annapolis, Md., was the week-end guest of his brothers, Messrs. B. L. and F. W. Wilson of the sophomore and junior classes, respectively, at 618 West Lombard street.

Mr. H. G. Stoneham has received a communication from Dr. Mead S. Brent, assistant superintendent Central State Hospital, Petersburg, Va., offering him an interneship in that hospital.

Dr. Hiram Woods held his final examination on diseases of the ear Monday, May 5, at 8 o'clock P. M., in Davidge Hall.

The annual Adjunct Faculty smoker given the members of the senior class, Saturday evening, May 3, 1913, was a thoroughly enjoyable affair, and the hospitality shown the class was much appreciated.

Mr. William H. Scruggs, Jr., of the senior medical class, has accepted an appointment offered him by Dr. Gordon Wilson as resident physician of the State Tubercular Hospital at Sabillasville, Maryland.

The practical examinations in medicine given by Professor Zueblin have proved of exceptional benefit to the members of the senior medical class, not only brushing them up in theory and practice, but refreshing their memories in the work gone over in the junior year.

The Psi Omega Fraternity gave a very successful and delightful dance to the graduating class Friday evening, April 25.

The undergraduate department of the THE BULLETIN wishes to thank those who, by their subscriptions and contributions, have helped to make this year's publication a success, and who we trust will continue their interest in the paper and thus keep in touch with their Alma Mater. It also wishes God-speed to those who will leave this year for that long, rough, winding road that leads to success, and trusts that they will ever remember and look back upon those happy days spent in the University of Maryland with fond recollections.

BIRTHS

To Dr. Harry D. McCarty, class of 1905, of 613 Park avenue, and Mrs. McCarty, April 25, a daughter, Mary DuBois.

MARRIAGES

Miss Annie W. King, class of 1903, University Training School, of Annapolis, Md., to Mr. Frederick Seiling of Elkridge, Md., April 30, 1913. They will reside at Elkridge.

Dr. Clifton N. Devilbiss, class of 1910, of Laytonsville, Md., formerly assistant resident surgeon in the University Hospital, was married to Miss Adelaide Hoffman, formerly a pupil nurse in the University Hospital Training School for Nurses. After a short wedding trip Dr. and Mrs. Devilbiss will reside in Laytonsville, where Dr. Devilbiss is engaged in the practice of his profession. Both Dr. and Mrs. Devilbiss were very popular during their residence in the University Hospital, and their many friends desire to take this opportunity to wish them much happiness.

DEATHS

Dr. Marcellus B. Shupe, class of 1885, died at his home at Connellsville, Pa., March 22, 1913, from the result of injuries received in a runaway accident a year before, aged 60 years. Dr. Shupe was a member of the Medical Society of the State of Pennsylvania, local surgeon for the Baltimore & Ohio Railroad at Connellsville, a member of the Board of Health, and for three terms a member and once president of the local School Board.

Dr. James Edwin Harris, class of 1886, died in a sanitarium in Baltimore April 8 from cerebral hemorrhage, aged 49 years. Dr. Harris for about 15 years after his graduation in medicine and dentistry was a practitioner in London, England; thereafter for six years a resident of Cape Town, Cape of Good Hope, South Africa, and for the last six years a resident of Baltimore.

Dr. Charles F. Nichols, class of 1887, died at his home in Vienna, N. Y., April 4, 1913, aged 47 years.

Dr. Joel B. Yingling, class of 1878, died at his home, 705 Dolphin street, April 14, 1913, aged 65 years.

Dr. Hiram H. Gunby, class of 1855, died at his home in Crisfield, Md., April 8, 1913, after a brief illness of pneumonia. He was born in Somerset county, Maryland, April 13, 1832. He was the son of Elisha Gunby and Milcah Coulbourne. He left three sons—Edward R. Gunby of Tampa, Fla.; A. B. Gunby of Boston, Mass., and David X. Gunby of Arizona. Dr. Gunby was a nephew of a distinguished officer of the American Revolution, Col. John Gunby. He was a member of the Maryland Legislature in 1862; a man of splendid physique, tall, dignified bearing, with graceful and engaging manners; a true type of

the old-school gentleman and physician, which are rarely seen. He was a member of the Somerset County Medical Society and an ex-member of the American Medical Association.

BOOK REVIEWS

INTERNATIONAL CLINICS. Vol. I. Twenty-third Series. Philadelphia and London: J. B. Lippincott Company. 1913.

As acute anterior poliomyelitis has become so prevalent and so widespread, though no specific treatment has been devised, yet as the ravages of the disease are so terrible, it is indeed timely to have an article on its treatment. The author, Dr. George E. Malsbary of Los Angeles, Cal., rightly says as there is no satisfactory specific therapy, the treatment of poliomyelitis consists largely in the prevention of the spread of the disease, ridding the body as far as possible of the virus that causes the disease, the application of such general and local measures as will tend to lessen the undesirable early pathological changes, the relief of dangerous and unpleasant symptoms, and later the relief or correction of the sequela, especially paralysis and deformity. In preventing the spread of poliomyelitis the writer advises strict quarantine, the liberal use of screens and the destruction of the breeding places of flies. A rational attempt at quarantine, according to the author, implies an exact knowledge of the virus, which, according to the various theories so far propounded, he proceeds to enumerate (the article was published before Flexner's announcement of the discovery of the specific bacterium). He states the resistance of the virus enables it to be carried by both active and passive carriers, notably by clothing, bedding, domestic pets and insects. It is not readily destroyed by dessication, so that possibly it may be disseminated by dust. Taking these facts into consideration, one easily comprehends the necessity for the strictest quarantine. The body may be rid of the virus by agents which may be used in the respiratory tract without damage, as it is here that the poison finds chief lodgment. Among these agents the author recommends especially hydrogen peroxide and menthol, the peroxide being in the strength of 2 per cent. and the menthol 0.5 per cent. He also recommends early in the disease catharsis as of value in getting rid of the virus. Hexamethylenetetramine can be employed advantageously, but is not a specific. Saturation with this drug delayed the onset of the disease in monkeys. The rest of the article he gives over to the treatment of symptoms and the prevention and treatment of paralysis and deformity and a summary of his conclusions. It is a well written article and alone worth the price of the book. The rest of the volume is a live wire, full of interesting articles by well-known writers, any and all of which should be of interest not only to the general practitioner, but in many instances to the specialist.

PRIVATE DUTY NURSING. By Katherine DeWitt, R.N., Graduate of Mt. Holyoke Seminary and of the Illinois Training School for Nurses; Assistant Editor of the *American Journal of Nursing*. Cloth, $1.50 net. 1913. Philadelphia and London: J. B. Lippincott Company.

Nursing, like medicine, has become so specialized that no one book can cover its many activities. What is necessary for the hospital nurse to know is not germane to the private duty nurse. Therefore books on the various aspects are gradually coming into existence. One of which is the volume before us. This book endeavors to point out to the new graduate, and, in fact, even the old graduate, the many pitfalls befalling the nursing profession; to show how to avoid unpleasant experiences and how to put into practice the theoretical and practical knowledge learned while in training. A right beginning to the private duty nurse means success, a wrong, perhaps, dismal failure. If the graduate starts on the right tack she generally succeeds, but if on the wrong, whereas she may ultimately be able to overcome the handicap, yet her experience will be bitter and dearly paid for. The book is full of good common-sense and advice which have been gained by the author only after an experience of sixteen years. She especially calls to attention the well-known fact that every time a nurse is called into a family her actions and behavior are critically watched, and the whole profession judged thereby. The book also emphasizes the educational feature of the nurse's calling. One has been prone to look upon the institutional nurse alone as an educator, overlooking this essential office in the outside nurse. Every nurse should possess the book and keep it at hand, so that during any spare moments she may consult it, as it is full of useful suggestions.

THE HOSPITAL BULLETIN

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President-Elect of the Medical and Chirurgical Faculty of Maryland

RANDOLPH WINSLOW, M.D., LL.D.
Professor of Surgery in the University of Maryland

FILARIASIS, WITH A PRACTICAL DEMONSTRATION OF LIVING EMBRYOS OF THE FILARIA SANGUINIS HOMINIS (NOCTURNA).*

By Tilghman B. Marden, A.B., M.D.
(Class 1892),
Professor of Histology and Embryology; Formerly Professor of Histology, Biology and Embryology at the Baltimore Medical College.

Through the courtesy of Prof. Gordon Wilson and Dr. B. J. Asper, I have been given the privilege of bringing before you a case of filariasis, which privilege I am accepting on account of the rarity of the affection in this country, and this exceptional opportunity of demonstrating to you the living filarial embryos in the blood.

This young man, from whom the specimens of blood have been obtained, is from Porto Rico, having come to Baltimore for the purpose of studying medicine at the Baltimore Medical College. In the early part of October of this session he made his first appearance in the laboratory for work in histology, and informed me that he wished I could benefit him during his stay here in this country, as he had, according to the statements of his physician at home, filariasis. I, appreciating the importance of his case to the subject which I have been teaching for the past few years—medical zoology—as a part of the course on biology, sent him to my confrere, Dr. E. L. Whitney, in the clinical laboratory, with a request that he make a blood examination for me. Since then Dr. Whitney and he have been having their midnight seances for the purpose of obtaining specimens of his blood, so that now this young man is so experienced in blood-getting that he is able to prepare good specimens of his own blood when such specimens are desired. The blood is obtained in the usual way under proper aseptic precautions by pricking the finger or lobe of the ear. A thick film is obtained on a cover-slip and, if to be used as a fresh specimen, the cover-slip is placed upon a slide, blood side down, and the edge of the cover is rimmed with vaseline to prevent evaporation of the liquid part of the blood and thus prevent drying up of the specimen. If a stained specimen be desired, the cover-slip film may be stained by placing it in a staining dish of water to which a few drops of alcoholic solution of fuchsin or of gentian violet have been added. We have obtained very good results by staining by the eosin-methylene blue method.

The blood must be obtained at night, as the embryos have a nocturnal periodicity, making their appearance in the peripheral blood stream toward evening, increasing in numbers during the night and disappearing again in the morning, going to the lungs and there remaining until evening, when they again pass into the blood stream. Some authorities claim that from 8 to 10 P. M. is the best time to obtain good specimens, but we at the Baltimore Medical College have found that the best time in this case is about midnight. Hence you can readily appreciate the appropriateness of the suffix *nocturna* to distinguish this species of filaria from the *filaria loa*, which has a diurnal periodicity, appearing in the blood about 8 A. M., increasing in number up to noon and disappearing about 9 P. M.

Etiology.—The cause of filariasis is the filaria, transmitted by the mosquito, *culex fatigans*, man being the host, the mosquito the intermediate host. This young man is affected with filariasis caused by the species *filaria bancrofti*, of the genus *filaria*, of the family *filariidae*, of the class of worms termed *nematodes*. The embryos of this variety of filaria was first reported by DeMarquay in 1863, who found them in the blood of a man from Havana. This genus has been named differently by different investigators, viz.:

Trichina cystica, Salisbury, 1868.
Filaria sanguinis, Lewis, 1872.
Filaria bancrofti, Bancroft, 1877.
Filaria sanguinis hominis agypt, Sonsino, 1874.
Filaria sanguinis hominis nocturna and filaria nocturna, Manson, 1891.

Although it is best known as the *filaria bancrofti* and the *filaria sanguinis hominis*. It is found in the lymphatics of the trunk and extremities. The adult worm was first found by Bancroft in 1876 in a lymphatic abscess of the arm, and later in a case of hydrocele.

Morphology.—This species of filaria is a colorless opaque round worm, having an elongated body of very delicate structure possessing a marked tendency to coil; its cuticula is transversely striated; its anterior end slightly thick-

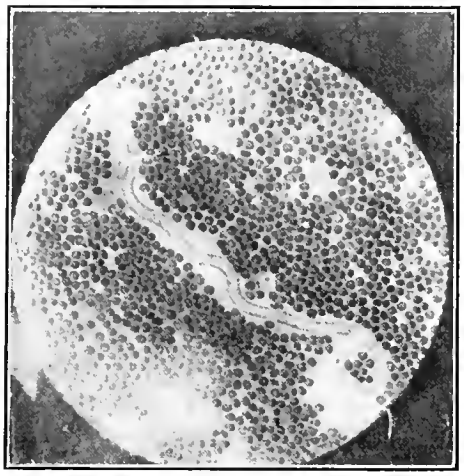
*Address to the Junior Class of the Medical Department of the University of Maryland, May 7, 1913.

ened or club-shaped, without lips or papilla; its posterior end is rounded and tapering to form the tail. The male is shorter than the female worm, being 35 to 40 millimeters long, or about two inches according to Stitt, while the female is 75 to 95 millimeters long, or about three inches according to Stitt; and not as broad, the male being 0.1 to 0.12 millimeters, the female 0.21 to 0.28 millimeters broad; but its tail is more twisted into a coil than that of the female. Both sexes are found together in lymph channels coiled up into a knot. The female is viviparous, and has an opening to the exterior, situated near its anterior end, which opening is its vagina, from this young man last midnight, three of which are under low power, one under high. Under the fifth microscope there is a specimen stained by the eosin-methylene blue method. You will please come down one by one and carefully examine each specimen. You can easily locate an embryo under low power magnification by looking for agitation of the red blood corpuscles, which agitation is due to the movements of the tail of the embryo. You will please observe that they are comparatively long, being 0.2 to 0.33 millimeters long and 7 to 11 microns broad, and possibly you may see the enveloping sheath. You will also observe that the long worm-like body is

EMBRYO OF FILARIA SANGUINIS HOMINIS IN STAINED SPECIMEN OF BLOOD (LOW POWER).

which extend two thin-walled uterine tubes which almost completely fill the body cavity, pushing the intestine close up against the body wall. These tubes are filled with ova and embryos in various stages of development. The *ova* are oval in shape, 25 to 28 microns long and about 15 microns wide.

The *embryos* are of most importance to the diagnostician, as they are the evidence of the affection which are found by an examination of the blood, as their presence in the blood indicates the presence of adult filaria in the body. On this table there are five microscopes, under four of which are fresh specimens of blood obtained from rounded anteriorly and the pointed posterior end is in constant motion of a slow sinuous twisting and coiling character, lashing the corpuscles about, but the embryo remaining in one place, as the motion is not a progressive one. The embryos may be kept alive in such a specimen for five days, and after 48 hours empty sheaths are found. They may be very numerous, we having found as many as 14 in one specimen, and it is claimed that in one case the number was estimated at 40 to 50 millions. Their presence in the blood produces a leucocytosis with increase of eosinophiles, but does not seem to produce any deleterious effect upon the person affected, their presence being im-



FILARIAL EMBRYO IN THE BLOOD.

portant as an indication of adults in the body and as a menace to others, as they may be drawn into the mosquito and transmitted to other persons.

BLOOD EXAMINATION.

October 16, 1912 (Midnight).

No plasmodia.

No pigmentation of leucocytes or plasma.

Slight increase in leucocytes.

Marked increase in blood plates.

No morphological changes in red blood corpuscles.

Filaria sanguinis hominis present. Slide and cover-slip specimens made at 11 P. M. showed, respectively, 6, 3, 1 and 0 per drop. A drop drawn at midnight showed 14 parasites. These retained motility for at least 40 hours at cool room temperature, being still motile at the time this report was written.

Differential counts on midnight specimen shows:

	Number Counted.	Per Cent.
Small mononuclears	142	23.67
Large mononuclears	17	2.83
Transitionals	30	5.00
Polymorphonuclears	342	57.00
Eosinophiles	64	10.66
Basophiles	5	0.83

WHITNEY AND WYLIE.

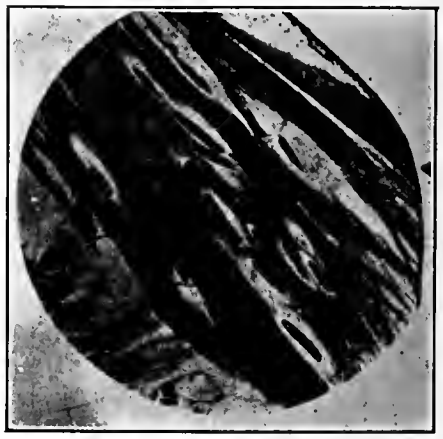
Life History.—The female filaria is viviparous, and the embryos in large numbers are evacuated into the lymph stream, thence into the blood stream. The mosquito, *culex fatigans*, bites a person affected with filaria, sucks the embryo-

FILARIAL EMBRYO LEAVING ITS SHEATH.

charged blood into its stomach. Twelve hours after the embryos have been taken into the stomach of the mosquito one may find empty sheaths and embryos lying side by side, indicating the shed-

EMBRYO FILARIA (HIGH POWER).

ding by the embryo of its enveloping sheath. By the next day the embryos have passed through the wall of the mosquito's stomach and become imbedded in its thoracic muscles, where they re-



FILARIAL LARVAE IN THORACIC MUSCLE OF MOSQUITO.

main and develop. At the end of 11 days they are 20 to 25 microms broad and more than 580 microms long. At about the 17th or 18th day they have developed into larvae, and leave the thoracic muscle and migrate into the connective tissue in front of the prothorax. At this stage of development the larvae are more slender than before, being 18 to 20 microms in diameter, and show the presence of an alimentary canal and rudimentary reproductive organs. By the 20th day the larvae have penetrated into the head and proboscis; then they pass to the labium. Like the malarial organism these larvae are inoculated directly into a person, passing from the labium by way of Dutton's membrane. The last stage of development occurs in the lower layers of the skin of the person bitten, where the larvae develop into the adult form of filaria, and there copulate. Adults may occlude large lymphatics and produce lymph stasis, with resulting dilatation of lymphatics, varicose lymphatic vessels, chyluria, varicose inguinal glands, lymph scrotum, chylocele, lymphangitis and elephantiasis. It is also possible that in case of injury to the adult female filaria, ova and embryos may be extruded and occlude lymph vessels.

Its Geographical Distribution.—This affection is a tropical disease, although it may be found in the subtropics. It has been found in tropical Asia, Africa, America, Australia and, as we see by this case before you, in the West Indies. In Samoa and other South Pacific islands the affection is prevalent, affecting about 50 per cent. of the population. The first mention of the organism in the United States was by Salisbury in 1868. Guiteras in 1886 reported four cases from Key West and one from Charleston, S. C. As the presence of the embryos in the blood does not necessarily produce outward manifestations of the affection, filariasis may be more widely distributed than is at present known. For instance, in the Barbadoes nearly 13 per cent. of the persons examined had filarial embryos in their blood, yet two-thirds of the infected cases showed no signs or symptoms of the disease.

A MICROPHOTOGRAPH OF THE HEAD OF THE MOSQUITO, SHOWING THE COMPOUND EYE ABOVE, THE BROAD LABIUM TO THE RIGHT, AND THE ANTENNAE DRAWN UP OUT OF THE WAY OF THE PROBOSCIS WHILE THE MOSQUITO IS AT WORK.

The clinical history of the case before you is as follows: About two years ago this young man had his first attack, and has had numerous attacks since then up to the time he left Porto Rico, the last two attacks being about one month apart. He describes his condition as follows: For a few days he feels languid and weak and has no desire for food, a condition of malaise; then he has a severe shaking chill, which necessitates his going to bed, soon followed by a fever (103° F.), which begins to subside on the second day, disappearing

entirely in about three days, and he then feels as well as ever until another attack begins. During the attacks he notices a series or chain of small swellings in the right groin and a slight swelling on the under surface of the elbow of the right arm, from which extends a reddish-colored streak up the arm nearly to the axilla. He came to Baltimore last September and had one attack in that month, but none since. He informs me that at home he has taken arsenic regularly for a month at a time without beneficial results. For the swollen glands he has derived relief from pain by the application of the tincture of iodine. On account of the malaise, fever and pain on walking he found it necessary to remain in bed about three days. Change of climate seems, up to the present time, to be the only thing which benefits the person affected, drugs such as arsenic, alteratives and tonics and salvarsan having been tried, but found inefficient.

The prognosis in this case is good, as he has already shown improvement in not having had an attack for six months and in the number of embryos in his blood having apparently decreased. He expects to stay here this summer and next winter, and we confidently expect that in a year's time he will be much improved, and we have hopes of him being cured. As to his general physical condition, it is very good, except that he is perhaps slightly undersized. His mental condition has not evidently been impaired by the affection, as we have found him a very good student, and he stands well in his class.

In conclusion, I ask you to remember the marked contrast between this affection and that due to hookworm. In this one the adult worm is merely in the body as its host, lying in the lymphatic channels, producing no pathological effects except those brought about by mechanical clogging of the lymph vessels, while in the other the adult worms attach themselves to the villi of the intestine and practically suck the strength from the person, thereby producing physical and mental deterioration, or preventing normal development.

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American Medical Journal, issue of December 4, 1909, for method of preparing the stain and staining by the eosine-methylene blue method.

The microphotographs were prepared by P. E. Schaun, a student of the Junior Class of the Baltimore Medical College.

We are in receipt of the following Army Medical Corps examinations, which we beg to publish in full for the information of our readers:

The Surgeon General of the Army announces that preliminary examinations for appointment of first lieutenants in the Army Medical Corps will be held on July 14, 1913, at points to be hereafter designated.

Full information concerning these examinations can be procured upon application to the "Surgeon General, United States Army, Washington, D. C." The essential requirements to secure an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of Doctor of Medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training as an interne after graduation. The examinations will be held simultaneously throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

In order to perfect all necessary arrangements for the examination, applications must be completed and in possession of the Adjutant General at least three weeks before the date of examination. Early attention is, therefore, enjoined upon all intending applicants. There are at present forty vacancies in the Medical Corps of the Army.

Dr. Louis Kyle Walker, class of 1911, assistant to Superintendent Coleman of the Maryland University Hospital, was recently elected chief of staff of the Maryland General Hospital, to serve one year. Dr. Walker, while a native of North Carolina, is a graduate of the University of Maryland Medical School, and is one of the most efficient and popular members on the staff of the hospital. THE HOSPITAL BULLETIN desires to take this opportunity to congratulate Dr. Walker on his recent election, and wishes him much success.

ADDRESS DELIVERED BY HIS EXCELLENCY, PHILLIPS LEE GOLDSBOROUGH, GOVERNOR OF MARYLAND, AT THE LYRIC, BALTIMORE, MARYLAND, ON SATURDAY, MAY 31, 1913, BEFORE THE GRADUATING CLASSES OF THE UNIVERSITY OF MARYLAND.

The Provost of the University of Maryland, the Board of Trustees, the Gentlemen Members of the Faculty, Students, Ladies and Gentlemen:

As we stand here today in the atmosphere of higher education our imagination is moved and stimulated to consider what it all means. We are hardly content to fold our hands and stand agap, afraid to express ourselves for fear we should find words inadequate, but rather do we dare to give expression to the thoughts that suggest themselves as befitting this occasion.

What a terrible thing indeed is ignorance. It is a source of endless human woes. It drops a mystic curtain over facts; through it we see truth obscured and distorted; it produces a gloom and darkness upon the individual life. The ignorant are as one blind, standing groping helplessly among objects they can never see nor understand; lifting high their feet to clear some imaginary obstacle and fail to see what is at hand, their hearts filled with terror at imaginary dangers of those that are miles away, or, like ships in some dense fog, ringing bells and tooting whistles, vainly attempting to locate themselves and passing ships; always uneasy and uncertain as to their whereabouts; proceeding slowly, cautiously, uncertainly and dangerously.

Indeed an examination of the objects of history will disclose the fact that most of the calamities that visit the earth seem to have been produced by ignorance inexplicable.

How glorious is education! It is like the lifting of a fog or mist, enabling us to go ahead at full speed with the full consciousness of our bearings, blowing whistles only in salute or to indicate a right of way.

If this be so, how great a debt indeed does the State owe its citizens to provide for them the knowledge necessary to enable them to do the work intelligently and efficiently which the State exacts of them. We may differ among ourselves as to how far this debt may go—whether it should confine itself to only primary education or even extend itself into secondary education. And there are those among us who believe the State still owes a duty to provide for those desirious of a collegiate training, in order that they may better perform the broad duty which they may in after life assume or have thrust upon them.

It may be conceded, and indeed, I believe it is generally conceded, that in the matter of primary education our State ranks among the foremost; and under the High School Act of 1910 we can boast that we are rapidly taking our place in secondary education among the foremost States of the Union and other countries of the world. But when we speak of collegiate education, can it be said that we are doing what we should, and in the proper way? It is true that we have many handicaps to overcome. In the early days of our independent life, when travel was more complicated and difficult, the means of communication were few and slow. Owing to the geographical and topographical character of our State, it seemed important to establish various schools for higher education in different sections or parts of the State to foster their growth and divide the resources of the State devoted to that purpose among three or more independent schools or colleges, thereby more than triplicating the resources which were at our disposal, and so scattering our facilities as to eliminate our effectiveness.

Some of the newer States have profited by the experience of the old. They have had their birth and development in an age of easy and ready communication and transportation, and have therefore centralized their resources and have been able to accomplish more than we have. But that does not mean that we shall not adjust ourselves to new conditions; wipe from the slate our losses and start anew.

It would, indeed, be a glorious enterprise to take advantage of the present excellent educational facilities of our State and so weld them together as to make one great university. It is, indeed, an unfortunate condition that of the six colleges of the State only one is listed as a college by the Carnegie Foundation, by the Federal Bureau of Education, and the standard adopted by our own State Board of Education, and that one is endowed by private fortune and bears the name of its founder.

It is true that in the past few years one of these other colleges has made great improvement and is fast advancing to a rank of which we may be proud.

We may divide the work of the university into

four distinct classes, or, we might say, only two classes; first, the academic or literary; second, the professional and vocational. The professional and vocational have divided themselves into the pursuit of pure and applied sciences, and I may use the term pure and applied agriculture.

If we could weld all these purposes together in one great management, and lend to it the support of the State, would it not be an accomplishment of which we all could be proud? Eliminating the appropriations for buildings and improvements, the State of Maryland spends or contributes to the support of these colleges for the year 1913 the sum of $260,193. While perhaps but comparatively a small sum to what it spends on primary and secondary education, it would be none the less helpful if devoted to one great enterprise under the direction and control of the State. This done, and success having followed its doing, what an incentive there would be for much more generous contributions or appropriations to be made by the State to this new and enlarged university.

The people of the State of Wisconsin give $2,000,000 per annum to their university, and they spend $200,000 annually in extension work. The State of Wisconsin recognizes that money thus appropriated to her great educational institution comes back to them in a manifold manner, when they are brought, as in the case, into such close relationship with all of the people of her State. The lesson for the Eastern universities and colleges is, said a gentleman in writing me the other day, that "The day of exclusiveness in the matter of education is past. Democracy demands its full share of the benefits, if it pays the taxes, and universities must come into closer contact with the life of the people."

When the various so-called colleges petition the Legislature for aid, they, no doubt, justify their conscience by believing that they do good work, but when an institution can go to the Legislature and say that it does the best work—comparing favorable with work done in the progressive universities of other States—it is not a petition when they ask for help—it becomes a demand upon the State which it is bound to honor.

When I say this, it is not without what I consider true patriotism. When one boasts that he comes from a country greater than others, it seems to me that he misses the point, as it implies dishonor to one who comes from a country less magnificent. One loves his State, be it little or be it great, for "Be there one with soul so dead, who never to himself hath said, this is my own, my native land."

We do well to study the beauty and achievements of sister States; we do better when we try to improve through that study our own conditions.

It is not enough to see the errors and the faults of the past; it should be our effort and our aim to remedy them. We should go carefully, in order to hold fast to that which we have, that is good; we should go vigorously and energetically in order that the next generation shall not miss the fruit of our observation and our effort. In paying the debt which we owe, we can take but one of two courses: Either our efficiency must be doubled and we produce twice as much for the amount expended, or else we must reduce the amount we spend for what we can get. Anything else is failure. It should be our endeavor to see where we can find greatness, progress and achievement, and struggle to make that equipment ours.

Having such hopes and aims in view, and determining so far as it is in my power to accomplish them, it is my purpose at a near day to appoint a commission of leading business men and educators—more of the former than the latter—to study thoroughly and recommend a plan for the entire revision of the educational system of Maryland, to be by me sent to the General Assembly of Maryland when it shall convene in the year 1914. Progress in educational development is needed in Maryland. Let us undertake the task with a determination to achieve a broad measure of success.

Gentlemen of the graduating classes of the various departments of the University of Maryland, you I would especially congratulate upon having succeeded in completing the courses of study provided and availing yourselves of the opportunities given of associating with your fellow-students and the faculties of your several departments.

You should be, and doubtless are, well equipped to take up the responsibilities of life, the greatest of which is to serve your fellow-men and promote the interests of the community with which you will identify yourselves.

If you keep this firmly in mind success will be achieved. I wish you all a life of broad usefulness and prosperity.

A FEW WORDS ON THE PROFESSION OF NURSING.*

By Charles J. Bonaparte.

Young Ladies—I congratulate you on commencing the work of your lives. When one is confirmed in the church to which I belong, the bishop gives him a tap on the cheek as a reminder that he will have many blows and buffets to bear in life, and must be ready to bear them as becomes a Christian. I have sometimes thought that, on occasions such as this, you listen to a speech for somewhat the same reason—that is to say, as a reminder that in your life as women you will have to hear much tedious talk, and must be ready to bear it as becomes ladies, or, in other words, without seeming to be bored. A number of years ago when invited to deliver an address to the graduating class of a well-known academy, I ventured to select dress as my subject. What the young ladies who heard me thought of my views on this interesting topic they were too polite to show, but other ladies, who had more justification for candor, questioned very seriously my right to speak on it as one having authority. Lest you should also be tempted to tell me that a cobbler should stick to his last, I venture to point out that one who speaks on an occasion such as this assumes no inconsiderable task. There was nothing new under the sun even in Solomon's time, and the supply of subsolar novelties today is still less adequate to the demand. No on has greater cause to feel and regret this than a speaker in the commencement season, at least if he recognize an obligation to repay his audience for the compliment of hearing him by saying what is worthy to be heard.

You are doubtless quite ready to believe me when I say that the present occasion is one of exceptional interest—for each one of you and for your parents and relatives and friends it would be such even if the rest of the world were strangely insensible to its unusual importance. When Mr. Pickwick entered the courtroom on the morning when the suit for breach of promise brought against him stood for trial, he was amazed to find that those present were "chatting and discussing the news of the day in the most unfeeling manner possible—just as if no trial at all were coming on." Members of a graduating class on a day like this may be pardoned if, in some measure, they share, more or less consciously, the worthy gentlemen's indignant surprise that so many of the unappreciative audience can be so stolidly unmoved by the impending great event; for, all prompting of egotism or vanity quelled, it yet is a great event, a solemn moment in our lives and in those lives intertwined with yours. To use again Dr. Holmes' well-known simile, this is the preliminary canter and flourish at the judge's stand; behind you lie your days of training, before you stretches the formidable racecourse, its goal unseen, its portentous prizes or forfeits silently awaiting you.

A distinguished jurist who some years since delivered a very interesting address in this city, after referring to the many new fields of employment now open to women and the energy and success wherewith these fields were cultivated, declared the burning question of the present day was, or was rapidly becoming, not "What shall we do with our daughters?" but "What shall we do with our sons?" Soon, he feared, we might look in vain to find any corner of the world's work in which there was left a little room for the inferior, the unornamental half of humanity. In those pre-historic times when I was young, it was said that lady bees, who, I believe, do all the work of the hive, when no further reason existed, in the interest of the community, to tolerate the drones, every year slaughtered these without mercy, they being, like other animals of their sex, stingless and defenceless, without even granting them the allowance of chloroform which superannuated human beings were once conceded by a high authority. I suppose it has now been found out that the bees do nothing of this kind; nearly everything we learned in the distant days of my youth has been proved mythical ere this; but the words of the distinguished gentleman I first quoted suggest a terrible fear lest in time a similar tragedy may become periodical among mankind.

I do not think, however, that this fate will befall the victims in question in my day, or even in yours; indeed, I am disposed to think the speaker in question was more frightened than he need have been at the vision of possibilities and perils suggested to his mind by the so-called "New

*An address to the Graduating Class of Nurses at the University of Maryland Hospital, Thursday, May 13, 1913, by Charles J. Bonaparte.

Woman," that type of feminine character which we are told the near future has in store for the world. Many women do some things now which few or none did a generation since, and it is probable, nay, it is morally certain, that they will find new fields of usefulness in future; but, whilst I do not pretend to speak dogmatically on a subject which can hardly in its nature be more than matter of opinion, *I* do not see in modern times a tendency toward community of occupation between men and women; I think the drift of the age is, here as elsewhere, toward specialization of functions, and that, in any form of labor where women hold their own, they bid fair to slowly, perhaps, but surely, obtain a monopoly. This, however, is of very subordinate importance; even when a woman works beside a man, she does not work as a man; she works as a woman, just as she feels and thinks and lives as a woman.

However this may be, it is certain that when nursing was developed, or elevated, into a profession for women, their brothers were not crowded out. When Tommy cuts his finger or feels the ache, appropriately localized, which punishes his eating of forbidden fruit of an emerald hue, Tommy runs to his mamma; and after Tommy has grown older and bigger, he continues to call on those Scott's Antiquary denominated his "womankind" when he is weak and suffering and needs to be soothed and comforted. Male nursing has always been like wooden legs, doubtless better, indeed, much better, than nothing, but, at best, a poor substitute for the genuine article. Women have taken up and made good in many forms of labor to which they were strangers 50 years ago, but nursing, the ministry of sympathy and solace, was always their own, their special work; the change, in truth, a very momentous change, which these 50 years have brought in nursing has been, as I have just intimated, its expansion, its transformation into a profession. When I was a child, nursing was known as a "calling," an "occupation," sometimes a "trade"; no one spoke or thought of it as a "profession." Perhaps you will pardon the trespass on your time and attention when I point out, very briefly, what his change means—in other words, how a "profession" differs, and differs essentially, from a "trade."

Any occupation worthy to be called a profession demands of those who worthily follow it a complete subordination of their individual interests to the interests of those they serve. A physician must not merely think *first* how he can save his patient's life or restore his patient's health, and only afterwards how he can advance his own prospects or add to his own bank account; if he shall think of himself or his interests *at all*, if they have but a feather's weight in guiding his action or coloring his advice, he is unworthy of his title, a discredit to his profession, a danger to the public. A lawyer who gives thought to what effect his counsel or the course he recommends to his client may have on his own fortunes, who pauses even to consider what there may be of profit for himself in such or such contingencies affecting the safety, property or reputation of the man he serves and wherewith he must deal, breaks his oath and merits his disbarment. Of course, in both cases the laborer must claim his hire; motives, however lofty, and a conscience, however clear, will not make the pot boil; and a professional man is no less bound than any other to fill the mouths, big and little, which open around his hearthstone. But his goal is not wealth, it is the fulfilment of duty; although he should be paid for his work, he does not work to make money; if this be his real purpose in life, he ought to choose another calling. Lawyers and doctors, even soldiers and sailors, sometimes die rich, but if such a death be what one lives for, other paths lead to it far more surely and more directly. The frame of mind which makes riches the goal of human effort is illustrated by a remark said to have been made many years ago by a well-known old gentleman of this city. Speaking with great contempt for one among his neighbors, he exclaimed: "Oh, he is a miserable creature! He hasn't ten thousand dollars in the world!" The sentiment inspiring this remark was not common in Baltimore then, and, to do ourselves justice, is not common here now, but there is a larger and more prosperous city to the north of Baltimore where, in certain circles and with some expansion in figures, it is sufficiently familiar. If a man have a million, he is entitled to treatment as a human being; if he have ten, he is named with reverence; if a hundred, he is approached with nine prostrations. It may well be, nay, it is certain, that some young Americans look forward to the last-men-

tioned happy estate as the *dies idealis* of their earthly days; but such as do should adopt a "trade," and not a profession," as their lifework, and certainly not the profession of nursing.

When that great work to which you are about to devote your lives was taken out of the hands of Sairey Gamps and Betsy Prigs, when its dignity was recognized and its vital moment to suffering humanity was owned, public opinion gradually realized that only a true professional training could fit you to do that work well; that only if you accepted true professional standards of thought and life, of service and duty, could you fulfil all you undertake for mankind. You are called to serve those who must bear pain, submit to the trials of diseases and weakness, await the overshadowing approach of death; such service demands much of you and enables you to give much to others. You are welcomed tonight to a life-work which promises you little stillness and less ease, which holds out no great prospect of worldly advantage or gratified vanity, but which, if well done, will give you the right to feel that the world has been the better because you lived in it, and that men have been happier, more useful, more righteous because they had you for sisters.

TREATMENT BY MARINE PLASMA.

(Gastro Enteritis and Atrepsia.)

By N. Kenawy, M.D., 1905.

I have elected to write upon this subject because the method of treatment and its sponsor in Egypt, Mr. R. Quinton, have been the subject of much recent discussion here.

I had the honor of meeting Mr. R. Quinton (assistant du laboratoire de physiologie, et pathologique des Hautes Etudes au College de France, Paris) in Alexandria in the month of August, 1912. He came to Egypt for the purpose of introducing his method of treating gastro-enteritis by hypodermic injections of sea-water.

Some Egyptian physicians have accepted the method of treatment, and others have rejected it, putting upon it the ban of "quackery."

The first time I met Mr. Quinton was in the Children's Free Dispensary of the Orwarel Woska Mohammedan Society, when he came to visit me and to select children upon whom to experiment with his treatment. He has special ways of selecting children for this treatment, though he is not a medical man, as may be noticed by his title.

Mr. Quinton believes that the sea plays a great part in the biology and chemistry of the globe, and has built his theory on this belief. He claims "that the earliest and simplest organisms on earth were originated from sea and not from land. What, then, were the marine conditions favoring the life and the well-being of these simple protoplasmic units?"

After establishing the fact that the first occurrence of animal life was in the sea and not on land, Quinton next showed that the primordial oceans contained 8 per cent. of dissolved inorganic matter; that is to say, the fluid medium in which the earliest and simplest organisms lived and moved, and which provided nutriment for them, was of that degree of concentration. We know from physiology that the cells of which all bodies are composed are bathed in a fluid medium which is derived from the blood vessels. This fluid medium has also a saline concentration of 8 per cent.; that is to say, the animal cells of the body have for an environment the same saline concentration and contents as the water of the primordial oceans in which the earliest and simplest organisms lived.

Therefore, there must be an intimate relationship between the physical and chemical characteristics of the sea water and the complex constitution of the primary physical basis of life. So if the complex saline solution of certain concentration of the primordial oceans has exercised a favorable influence upon cell life, then why would not a similar fluid of a similar saline concentration exert a like influence now? So if uncontaminated sea water be collected and made isotonic, it would be beneficial to human beings and give good results in many forms of diseases.

This, briefly, is the theory underlying the new treatment.

The sea water is collected from a certain depth and distance from the land—the sea water is then diluted with water so as to be made isotonic with the circulating fluid of the body. This mixture is then sterilized by filtration, and then sealed in ampoulles ready for injections. These ampoulles hold about 500 c. c. of the mixture, which he calls plasma. Each ampoulle bears his name and the date of its preparation.

Method of Treatment.—He recommends that

the practitioner should be most careful of the diagnosis of the disease he is treating, whether gastro-enteritis, or cholera infantum. The dose and the interval between injections should be estimated according to the severity of the disease.

If mild enteritis, from 10 to 30 c. c. of the marine plasma should be injected twice a week. No matter how old the person is, the amount of diet should be one-eighth the weight of the patient.

If a severe case of diarrhea, a dose of 30 to 50 to 100 c. c. of marine plasma should be given two or three times a week. The amount of diet should be one-seventh to one-sixth the weight of the body of the patient.

A case of cholera infantum should receive a dose of 400 to 600 c. c. a day, and should take milk diet about one-tenth the weight of the body; and the patient should be given as much water as he will take.

Diet.—Mr. Quinton admits, with the exception of severe cases of enteritis and cholera infantum, that liquid diet is not necessary. He gives rice pudding and milk jelly.

After the injection of plasma reaction will immediately take place. It will be noticed that digestion will be re-established, vomiting will cease, intestinal troubles will be ameliorated.

Milk should be given one or two hours after the injection.

Milk diet should be given the first day of the injection, no matter how mild or severe the case is. (No exception to this rule).

If vomiting still continues after the first injection, the dose of the plasma should be increased; but the amount of milk the child is taking should remain the same.

In cases of cholera infantum, or severe cases of enteritis, child should take milk every four hours—one-tenth, one-eighth, one-sixth of the weight of the body.

Mode of Injection.—Injections should be made subcutaneousally in the scapular region. The skin should be well cleansed and then painted with tincture of iodine. The injection then is made like all other injections, and a cotton pad soaked with collodion is put over the place.

As the municipality of Alexandria has taken the matter seriously, the sanitary inspector thought of making comparisons between this new method of treatment and the other known two ways of treatment, namely:

(1) Treatment by normal salt solution, and

(2) Medicinal treatment.

In my next article I will report the official results obtained from these three ways of treatment.

Alexandria, Egypt, December 22, 1912.

Dr. John I. Pennington, class of 1869, has been elected president of the Alumni Association of the Medical School of the University of Maryland. Among those who addressed a meeting of the Association Saturday evening, May 31, 1913, were Dr. Rupert Blue, class of 1892, of South Carolina; Dr. John C. Hemmeter, class of 1884, and Dr. Norbert C. Nitsch. Dr. G. Lane Taneyhill, class of 1865, acted as toastmaster. Dr. B. Merrill Hopkinson, class of 1885, and Hobart Smock rendered musical selections.

The other officers elected are as follows:

First Vice-President—Dr. Robert P. Bay, class of 1905.

Second Vice-President—Dr. H. D. Fry, class of 1876.

Third Vice-President—Dr. J. T. King, class of 1866.

Recording Secretary—Dr. A. H. Carroll, class of 1907.

Assistant Recording Secretary—Dr. J. Carroll Monmonier, class of 1897.

Corresponding Secretary — Dr. Joseph T. Smith, class of 1877.

Treasurer—Dr. John Houff, class of 1900.

Executive Committee—Drs. G. Lane Taneyhill (chairman), C. R. Winterson, class of 1871; B. Merrill Hopkinson; G. H. Hocking, class of 1879, and S. T. Earle, Jr., class of 1870.

The following alumni (Baltimore Medical College) are located in Florida:

Dr. W. E. Van Ladingham, class of 1905.
Dr. Etienne Lartigue, class of 1897.
Dr. John W. Hodges, class of 1892.
Dr. Lee E. Bransford, class of 1910.
Dr. J. E. Garner, class of 1903.
Dr. Warren D. Bush, class of 1893.
Dr. Charles M. Ausley, class of 1901.
Dr. Louis A. Bize, class of 1894.
Dr. James M. Grantham, class of 1898.

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JUNE 15, 1913.

FINAL RESULTS.

The session of 1912-13 is over and the commencement has been held. The graduating class is the smallest for many years, numbering only 49 members. This is due to the fact that many who enrolled as seniors in October could not remove their conditions, and either repeated their junior year or went elsewhere. In the final examinations, also, a large percentage were unable to meet the tests and failed to come up to the required average of excellence. While regretting the disappointment of these candidates, it is necessary that we maintain a high standard. The day of lax methods is over, and a school must justify its existence by the excellence of its product.

The report of results of the State Board examinations for 1912 has just been issued by the Council on Medical Education of the A. M. A. While our record was not as good as we hoped it might be, it was by no means bad. The percentage of failures of the class of 1912 was 10.9, and of those graduating between 1908-1912, 12.0 per cent. failed. Harvard, Columbia, Virginia, Medico-Chi of Philadelphia and other good schools were in the same class and with about the same average. This fact, however, does not excuse our record, which ought to have been better. We are certainly making strenuous efforts to maintain not only a creditable position, but a leading one. Year by year weak points have been strengthened, and loopholes through which unworthy persons may have crawled have been closed.

With increased facilities and a large and able corps of teachers, we shall begin the next session in the full expectation of attaining better results than ever before.

THE CLASS OF 1881.

The class of 1881 has exerted a marked influence upon the history of the University of Maryland, three of its members having been for many years professors in the Medical School as well as eminent members of the medical profession.

Leonard Ernest Neale was born at Port Tobacco, Md.; moved to Baltimore at the age of 12 years; was a student at Loyola College for five years, where he attained high honors, and subsequently spent two years at Johns Hopkins University. He then entered the University of Maryland, and graduated in 1881, dividing first honors with Dr. Chas. W. Mitchell. He then spent two years in Europe studying obstetrics under the most renowned masters. Returning home, he continued his work under the direction of his uncle, the late Prof. Geo. W. Miltenberger. In 1896 he was elected professor of obstetrics, the chair occupied so worthily by his distinguished relative for many years. He has seen the obstetric clinic of this University develop from nothing in 1881 to more than 1400 cases in 1912. With justifiable pride he may well exclaim, "*Et quorum pars magna fui,*" as he sees the fruition of his own labors.

Charles Wellman Mitchell was born in Baltimore, graduated at Princeton (A.B.) in 1879, and from the University of Maryland (M.D.) in 1881. As has been stated, he divided first honors with Dr. Neale. He studied in Europe for about two years, mostly at Vienna and Prague. Returning home, he became connected with his Alma Mater, and has filled a great many different positions with remarkable success. He has been, respectively, professor of clinical medicine, of materia medica, lecturer on pathology and on obstetrics, professor of diseases of children and professor of medicine. His favoriate branch is pediatrics, and as a teacher and practitioner of this specialty he is unsurpassed.

The third member of this class to hold a chair

in this school is John S. Fulton. He was born in Ohio, but came to Maryland at an early age, entered St. John's College and received his A.B. in 1876; graduated at the University of Maryland in 1881, and practiced his profession on the Eastern Shore until 1895, when he removed to Baltimore. He specialized in preventive medicine, and has filled many important positions, such as secretary of the State Board of Health, general secretary of the International Tuberculosis Congress, held in Washington in 1908, and of the International Congress of Hygiene and Demography, in 1912. He was elected professor of State medicine in 1902. He is at present secretary of the State Board of Health. Dr. Fulton is known far and wide as an able sanitarian and capable executive.

These three men have shed luster on their Alma Mater in their respective spheres, and are ornaments of the profession.

THE FACULTY OF PHYSIC FUND.

On June 1 the Faculty of Physic Fund, which is to be applied to the endowment of the department of pathology, amounted to $18,107, cash in hand. This does not include six months' interest on the principal. This fund is made up of the collections for the pathological endowment, solicited by Prof. Winslow; the Robinson bequest of $5000, and various sums contributed through the efforts of Prof. Cordell. Practically all of this amount has been contributed by alumni of the Medical School, and it is greatly to be desired that at least $50,000 should be raised by the alumni, in order that the title of the chair of pathology may be the "Alumni Professorship of Pathology."

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	81 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	252 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	105 00
1900	220 00
1901	270 00
1902	330 00
1903	365 00
1904	135 00
1905	245 00
1906	195 00
1907	120 00
1908	45 00
1909	15 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino-Americano	30 00
Total subscriptions to May 1, 1913	$10,547 17

NEW SUBSCRIPTIONS IN MAY.

Latin-American Club, 1913	$30 00
Wm. R. Eareckson, 1890	25 00
C. T. W Sappington, 1903	25 00
Total	$80 00

ITEMS

Dr. Randolph Winslow received the following letter:

"*Dear Dr. Winslow:*

"It is with the greatest pleasure that I address you this letter, with the purpose of enclosing you a check for $30 as a contribution of the Latin-

American Club of 1913 for the Pathological Endowment Fund.

"I am perfectly aware of the fact that this amount will not be of any great material aid to the endowment, but I am satisfied, however, that small as it is, it expresses the sincere feelings of the members of the club toward our University.

"I also wish to state that our graduates, Drs. Martin and Vega, alumni of the club, have helped us in raising this amount this year.

"Hoping that to this many more important amounts will be added, I am,

"Respectfully yours,

"J. M. Buch, *President.*"

The one hundred and sixth annual commencement of the University of Maryland was held at the Lyric, Saturday afternoon, May 31, 1913, at 4 o'clock. The order of exercises was as follows:

Overture—"Fest" ..... Leutner
Selection—"The Lady and the Slipper".. Victor Herbert
Selection—"Sunny South"..... Lampe

1. Music—March "Athalia"..... Mendelssohn
2. Prayer by Rt. Rev. John Gardner Murray, D.D., Bishop of Maryland.
3. Music—Prayer, "Haensel und Gretel," Humperdinck
4. Installation of the Provost,
   Hon. Henry Stockbridge, LL.D., Acting Provost
   Presentation by Philemon H. Tuck, A.M.
   Response by the Provost, Thomas Fell, Ph.D., LL.D., D.C.L.
5. Music—"Spanish Dance"..... Moschowsky
6. Address to the Graduates, His Excellency, Phillips Lee Goldsborough, Governor of Maryland.
7. Music—"U. S. Patrol."..... Thomas
8. Conferring of Degrees by the Provost of the University.
   Candidates for the Degrees "Bachelor of Arts" and "Bachelor of Sciences" presented by the Dean of the Faculty of Arts and Sciences.
   Candidates for the Degree "Doctor of Medicine" presented by the Dean of the Faculty of Physic.
   Candidates for the Degree "Bachelor of Laws" presented by the Dean of the Faculty of Law.
   Candidates for the Degree "Doctor of Dental Surgery" presented by the Dean of the Faculty of Dentistry.
   Candidates for the Degree "Doctor of Pharmacy" presented by the Dean of the Faculty of Pharmacy.
9. Conferring of Honorary Degrees.
10. Music—Selection, "Sweethearts"..... Herbert
11. Award of Prizes.
12. Music—March, "Lorraine"..... Ganne

L. H. Fisher, Director of Orchestra.

There were 206 graduates. They were presented by the deans of their respective departments, and were classified as follows:

Bachelor of Arts	17
Bachelor of Science	6
Doctor of Medicine	49
Bachelor of Laws	39
Doctor of Dental Surgery	61
Doctor of Pharmacy	34

Students who received degrees were:

Bachelor of Arts.

Daniel Earl Campbell,
William Granville Catlin,
Earl LeVerne Crum,
Edgar Tremlett Fell,
William Stewart Fitzgerald,
Herman Anderson Gailey,
Robert Val Hoffman,
Edward La Mar Hoke,
James Paul Jacobs,
Earl Smeltz Lewis,
Calvert Magruder,
Frederick Stone Matthews,
Robert Alexander Tennant,
Nial Franklin Twigg,
Philander Bowen Briscoe,
Jack Mason Hundley,
Mark Victor Ziegler.

Bachelor of Science.

Harold Andrew,
George Washington Gering,
Frederick Herman Heminghausen,
Asa Willard Joyce,
George Walter Schultz,
Paul Nutwell Starlings.

Doctor of Medicine.

Samuel Allen Alexander, North Carolina.
Philip Jenifer Bean, Maryland.
Burman Karl Blalock, North Carolina.
Earle Griffith Breeding, Maryland.
Jesus Maria Buch Portuondo, Cuba.
Humphrey William Butler, Brazil.
Francis Fowler Callahan, Maryland.
Leo Martin Cavanaugh, Maryland.
Ross B. Cobb, Pennsylvania.
Franklin Clyde Craven, North Carolina.
Frederick Louis Detrick, Maryland.
Frederick R. Devine, Rhode Island.
George Ward Disbrow, New Jersey.
Charles Reid Edwards, Maryland.
Vertie Edward Edwards, North Carolina.
Idalberto H. Fajardo Infante, Cuba.
W. Frank Gemmill, Pennsylvania.
Harry Goldsmith, Maryland.
Nathaniel Jay Gould, Virginia.
Leonard Hays, Maryland.
Claudius Abijah Hayworth, North Carolina.
Edward Francis Heid, Pennsylvania.
Clyde Hoke Hemphill, North Carolina.
Clarence Wrigley Judd, Pennsylvania.
Gerard Henry Lebret, New Jersey.
Howard Edward Lecates, Maryland.
Herman Harry Levin, Connecticut.
Frederick Leonard McDaniel, Alabama.
William Tillman Martin, Maryland.
Franklin Dashiell Murphy, Maryland.

Simon Chas. Neistadt, Maryland.
Elmer Newcomer, Maryland.
Norbert Charles Nitsch, Maryland.
Walter Anthony Ostendorf, Maryland.
Hernan Marino Perez y Quintana, Cuba.
Thomas Ruffin Pratt, Jr., North Carolina.
Harry C. Raysor, South Carolina.
William Henry Scruggs, Jr., Georgia.
Gerald Clyde Shuler, Virginia.
William W. Sirak, Pennsylvania.
Hamilton J. Slusher, Virginia.
Manly Coke Smith, South Carolina.
Joseph Sparck, Maryland.
Hartwell Graham Stoneham, Virginia.
William Houston Toulson, Maryland.
Edgar E. Travers, Maryland.
Cleveland D. Whelchel, Georgia.
T. Butler Woods, South Carolina.
William O. Wrightson, South Carolina.

PRIZEMEN.

University Prize, *Gold Medal*—Jesus Maria Buch Portuondo.

Certificates of Honor.

Hamilton J. Slusher, Claudius Abijah Hayworth,
Charles Reid Edwards, W. Frank Gemmill,
Nathaniel Jay Gould.

BACHELOR OF LAWS.

Lewin Claude Bailey, Ernest Ray Jones,
William Cass Barker, Richard Bradley Klitch,
Louis Paul Bolgiano, Henry Bond Mann,
Philander Bowen Briscoe, Edward Duffield Martin,
Edmund Brodie Clary, William Herbert Mellor,
Frederick Lee Cobourn, Samuel Seymour Merrick,
Edgar Cecil Curran, Gerard Morgan,
John Wesley Darley, Jr., Robert Graham Moss,
Brent Harrison Farber, Robert Henderson Pfeil,
John Edward Flynn, Paul Wilkinson Pilchard,
James Alexander Fulton, John Wesley Reynolds, Jr.
Harry Bertram Frere, Jonas Louis Rome,
John Cleveland Grice, Oscar Rottenberg,
Herbert Livingston Grymes, George Edwin Rullman,
Winter Melbourne Hart, Herman Moses Saiontz,
John Lloyd Harshman, Edwin Kerr Sisk,
Charles Martin Henderson, William Stanley,
James M. Hepbron, Webster Carl Tall,
John Hamilton Hessey, William Ullrich Warner.
Rice Arthur Jett,

DOCTOR OF DENTAL SURGERY.

Nathaniel Barnard, West Virginia.
Andrew Jackson Bedenbaugh, South Carolina.
Clarence Edwin Bixby, Vermont.
Thomas Black, Jr., South Carolina.
Raymond White Brockett, Connecticutt.
Leroy David Brown, Florida.
George Austin Bunch, Jr., South Carolina.
Percy Albert Bunn, Massachusetts.
Elbert Charles Carpenter, New York.
Charles Henry Casey, Rhode Island.
James William Davies, Canada.
Juan J. de Jongh y Jordan, Cuba.
Jean Baptiste Walter Dion, Massachusetts.
Walter A. Dooley, New York.
Roscoe Middleton Farrell, North Carolina.
Edward James Fitzgerald, Maine.
Joel Fleishman, Rhode Island.
William Edward Flynn, Rhode Island.
Edward Freischlag, New York.
Albert Conrad Getz, Maryland.
Philip Frederick Morse Gilley, Maine.
Edwin Louis Goldberg, Pennsylvania.
Jacob A. Greenberg, Maryland.
Hunter E. Harvey, Virginia.
Harvey Richard Hege, North Carolina.
William H. Herbin, North Carolina.
Theron J. Hickey, Pennsylvania.
James Warren Holt, Massachusetts.
William Percy Hunter, Virginia.
William Gideon Hylton, Virginia.
Oliver Louis Jenkins, Maryland.
William Lorick Kibler, South Carolina.
Harry Clifford King, Maryland.
Albert Godfrey Kinum, New York.
Emanuel Krieger, Maryland.
Norman Fiery LeCron, Maryland.
William Ernest McIntosh, South Carolina.
Leroy McMurray, South Carolina.
Leonard Conrad Mainz, New York.
Frederick J. Marshall, Connecticut.
John J. Moran, New Hampshire.
Roy Raymond Newman, New York.
Norman Leslie Niedentohl, Maryland.
Edward Jos. O'Brien, Massachusetts.
Leo James O'Hearn, Massachusetts.
Oscar A. Planells, Cuba.
Charles Benton Pratt, Jr., North Carolina.
Rafael Antonio Porfirio Reineke, Cuba.
John Leo Renehan, Connecticut.
John Wise Ross, Virginia.
Allie Young Russell, North Carolina.
Rexford Ray Sartelle, Virginia.
Joseph Henry Scanlon, Rhode Island.
Abraham Segal, Virginia.
J. Marion Sims Smathers, Pennsylvania.
Robert Boyer Smith, Pennsylvania.
Arthur Louis Strenge, Massachusetts.
John Anthony Tansey, New York.
Edward A. Troxler, North Carolina.
Durward Halmage Waller, North Carolina.
Harry Douglass Wray, West Virginia.

PRIZEMEN.

University Prize, *Gold Medal*—Arthur Louis Strenge.

Honorable Mention.

Leroy David Brown.

DOCTOR OF PHARMACY.

John S. Austerlitz, Russia.
Harvey Eugene Cline, North Carolina.
B. Olive Cole, Maryland.
Thomas Andrew Crowell, North Carolina.

Edwin Bonner Davis, North Carolina.
Florence Elizabeth Dull, Pennsylvania.
Robert H. Gardiner, West Virginia.
David Benjamin Getz, Maryland.
Douglas Glover, West Virginia.
Myer Goldsmith, Russia.
Thomas Dickerson Halliday, Georgia.
Albert E. Hammel, Maryland.
Herman F. Hansen, Maryland.
J. Bernard Hihn, Jr., Maryland.
J. Currie Hudgins, Virginia.
Raymond Keehner, Maryland.
Benjamin Lucas Kilgo, North Carolina.
Otto W. Muehlhause, Maryland.
Herron Neely, North Carolina.
John J. O'Hara, Maryland.
Adolph C. Onnen, Maryland.
Dietrich F. Onnen, Jr., Maryland.
Charles Riff, South Carolina.
Harry M. Rolnick, Maryland.
Harry S. Schapiro, Maryland.
Harry Louis Schrader, Maryland.
Amelia A. Sönnenburg, Maryland.
William Wright Tucker, North Carolina.
John F. Wannenwetsch, Maryland.
James William Watkins, West Virginia.
Luther White, North Carolina.
Pinkney M. White, Maryland.
Charles E. Wilson, South Carolina.
W. Wellford Wilson, Maryland.

PRIZEMEN.

Gold Medal for General Excellence—B. Olive Cole.

Certificates of Honor in Order of Merit.

James William Watkins, Thomas Andrew Crowell.

SPECIAL PRIZES.

Simon Medal for Superior Work in Chemistry—Thomas Andrew Crowell.

Junior Class—Honorable Mention in Order of Merit.

Frontis Lentz, A. M. Patterson.

The thirty-second annual commencement of the Baltimore Medical College was held at Albaugh's Lyceum Theater, May 31, 1913, at 2 o'clock P. M. The address to the graduates was made by the Hon. William T. Warburton of Elkton, Md. The order of exercises was as follows:

1. Overture—Ramon. . . . . Thomas
2. Selection—The Lady and the Slipper. . . . . Herbert
3. Medley—Sunny South. . . . . Lampe

Invocation—Rev. T. O. Crouse, D.D.
Solo. . . . . Nevin
Hippocratic Oath—Prof. Charles G. Hill, M.D., President
Xylophone Solo—Old Kentucky Home. . . . . Marks

There were 47 graduates. They were presented by the deans of their respective departments, and were classified as follows:

Doctor of Medicine. 29
Doctor of Dental Surgery. 18

Students who received degrees were:

DOCTOR OF MEDICINE.

C. Austin Bicking, Pennsylvania.
Charles F. W. Bove, New York
William Edward Curtin, Connecticut.
John White Vinton Clift, Maryland.
Dawson L. Farber, Ohio.
Lyman Windley Gaylord, Maryland.
Howard W. Gibbs, Massachusetts.
Albert L. Keim, Pennsylvania.
Enrique Lassise Rivera, Porto Rico.
Charles B. Leone, New York.
Irving Howard Lavalle, New York.
James Bernard Morrison, Canada.
Alexander McLeod, Alabama.
Ernest G. Marr, Germany.
Victor C. Nah, Mexico.
George Piness, New Jersey.
William Murdock Riley, Canada.
Edwards Murray Riley, South Carolina.
Calvin Lewis Reynolds, Virginia.
William Ellis Stokes, California.
Grover Asa Silliman, New York.
Roger K. Sell, Pennsylvania.
Gordon William Schneider, New York.
Max Kaufman Silverman, New York.
Henry Schlesinger, Pennsylvania.
Boylston D. Smith, Alabama.
Robert E. Thomas, Pennsylvania.
Ira Melvin Zimmerman, Pennsylvania.
George Luther Zimmerman, Pennsylvania.

PRIZEMAN.

College Medal—Alexander McLeod of Alabama.

Honorable Mention.

Enrique Lassise Rivera of Porto Rico and George Piness of New Jersey.

PRIZES.

The Ridgely B. Warfield Surgical Prize—Alexander McLeod of Alabama.

The Samuel K. Merrick Prize—Grover Asa Silliman of New York.

The W. B. Perry Gynecological Prize—Enrique Lassise Rivera of Porto Rico.

The J. M. H. Rowland Obstetrical Prize—George Piness of New Jersey.

The J. Burton Rutherford Prize—P. N. Gatsopoulos of Greece, member of the Sophomore Class.

DOCTOR OF DENTAL SURGERY.

Bernard Hart Allen, Connecticut.
Jorge Aristides Camara, Porto Rico.
John Clasper Challener, Pennsylvania.
Leavelle Lee Gayle, Virginia.
Alfred Ernest Guildford, Connecticut.
Oscar Pierre Huot, Rhode Island.
Isadore K. Kreshtool, Russia.
Lewis Simpson Libby, Maine.
Peleg Austin Matteson, Vermont.

Eltwood William Pomeroy, Connecticut.
William Thomas Robinson, Virginia.
David Martin Sears, Connecticut.
Guy Frederick Stover, Pennsylvania.
John Swaim, North Carolina.
Frank Aloysius Sweeney, Massachusetts.
John Francis Thompson, Connecticut.
Howard Emory Topping, Virginia.
John Edward Topping, Virginia.

PRIZEMAN.

Gold Medal—Peleg Austin Matteson of Vermont.

Cum Laude.

William Thomas Robinson, Virginia.
John Francis Thompson, Connecticut.
Alfred Ernest Guildford, Connecticut.
Eltwood William Pomeroy, Connecticut.

PRIZES.

Vulcanizer—William Thomas Robinson, Virginia.
Somnoform Outfit—Isadore K. Kreshtool, Russia.
Card Index System—John Clasper Challener, Penna
Coates Die-Plate and Swager—Leavelle Lee Gayle, Virginia.

The commencement exercises of the Maryland University Hospital School for Nurses were held on May 15, 1913, at Lehmann's Hall, North Howard street. The address to the graduates was made by Charles J. Bonaparte, who congratulated the nurses on their work and urged them to continue in their efforts to relieve the sufferings of others. The benediction was pronounced by Rev. Dr. Arthur B. Kinsolving, rector of Old St. Paul's Protestant Episcopal Church. Dr. R. Dorsey Coale, dean of the University, conferred the diplomas. After the exercises a dance was held.

The graduates were:

Maryland—Misses Martha Misikofski, Sophia Frances Hessler, Mary Rennie, Elva Lydia Dean, Mary Myrtle Selby, Margaret Gertrude Laws, Anna Elizabeth Butts, Pearl Levora Rush, Natalie Isabel McCann and Katherine Woodall Welch.

Virginia—Misses Willie Brown Hull, Evelyn Houston Chase, Golda Gleneith Price, Volina Maybell Rutherford and Mary Ann Rutherford.

North Carolina — Miss Adelaide Caroline Coward.

Pennsylvania—Miss Dorothy Henrietta Patterson.

Rhode Island—Miss Edith Mildred Brownell.

Massachusetts—Miss Katherine Veronica Shea.

Washington—Miss Edith Dent.

Dr. Roger Brooke, Jr., Baltimore Medical College, class of 1900, Major, U. S. Army, is visiting relatives in Baltimore. At the expiration of his furlough he will return to the Presidio, San Francisco, Cal., where he is stationed.

Dr. Nathan R. Gorter, City Health Commissioner, Maryland University, class of 1879, recently celebrated his 53d birthday by taking dinner at the Country Club. Dr. Gorter says that he feels about 25.

We are in receipt of the following letter from Dr. K. G. Averitt, Baltimore Medical College, class of 1893:

"Cedar Creek, N. C., May 24, 1913.

"*Hospital Bulletin Co.,*
"*Baltimore, Md.:*

"Gentlemen—Enclosed find $1 to pay my subscription to THE HOSPITAL BULLETIN.

"I am proud the Baltimore Medical College and the University of Maryland have combined, and I shall give the University the same loyal support that I have my Alma Mater in the past.

"With the combination of two of the strongest schools and faculties in the United States, there should be no trouble in conducting a school that can meet all the educational requirements of the American Medical Association and the age in which we live.

"It will be my pleasure to visit the University on my annual trip to Baltimore, and to recommend it to medical students and practitioners.

"Wishing the school much success, I am,

"Very truly yours,

"(Signed) K. G. AVERITT, M.D."

At the annual meeting of the Medical and Chirurgical Faculty, held recently, Prof. Randolph Winslow was elected president for the year 1914. This is the highest honor that the profession of the State can bestow upon any of its members. The University of Maryland is to be congratulated upon having one of its professors elected to the position. Prof. Winslow is too well known by our alumni to need commendation from us. He has been connected with the University since his graduation in 1873, since which time he has been continuously connected with the teaching staff in one position or another. At present he holds the chair of professor of surgery. Ever since joining the full faculty he has continuously

striven to raise the standard and position of the Medical Department, and at present is engaged in an attempt to raise $100,000 for the Department of Pathology.

An interesting feature of the commencement exercises of the University of Maryland, held at the Lyric May 31, 1913, was the formal installation of Dr. Thomas Fell as the eighth provost of the University. The others were Robert Smith, Bishop Kent, Chief Justice Taney, Ashton Alexander, John P. Kennedy, Severn Teackle Wallis and Bernard Carter.

The honorary degree of doctor of science was conferred on Dr. John C. Hemmeter, class of 1884, a member of the faculty, at the commencement exercises of the University, May 31, 1913.

Out of a graduating class of 49, Jesus Maria Buch Portuondo of Cuba was awarded the gold medal for proficiency. THE HOSPITAL BULLETIN desires to take this opportunity to congratulate Dr. Buch on the good work done by him since his matriculation at the University.

A site for the free distribution of pure milk during the summer will shortly be selected by Health Commissioner Nathan R. Gorter, class of 1879. It will be patterned after the depots in New York and other large cities, and is considered an important step toward insuring the health of babies and poor families in hot weather.

Dr. C. J. Pflueger, Baltimore Medical College, class of 1905, is located at Fairchance, Pa.

Dr. Carville V. Mace, class of 1897, of Rossville, Baltimore county, Maryland, who was recently operated on at the Maryland University Hospital, has sufficiently recovered to leave the hospital.

Dr. George Heller, class of 1897, Baltimore Medical College, 1937 Gough street, the First district's representative in the Second Branch City Council, recently offered a resolution requesting the School Board and the Health Department to investigate the feasibility of fumigating all school buildings at frequent intervals. Dr. Heller for several years has been making a study of this subject, and has come to the conclusion that with proper fumigation of schoolrooms the spread of diseases can be materially reduced. It is his idea to have the schoolhouses fumigated every Saturday, if possible.

Dr. William Culbert Lyon, class of 1907, an assistant surgeon of the United States Navy and formerly of 1518 Mt. Royal avenue, this city, has been stationed in Galveston, Tex., as assistant surgeon of the new recruiting district of the United States Navy in Southeastern Texas. This district has been made necessary on account of the size of Texas and by reason of the great number of desirable recruits that are obtained in the State. Galveston has been selected as the headquarters by reason of its being the chief seaport city. Dr. Lyon, who is in charge of the medical department of the Galveston office, is in the city for the first time. He has been on duty at the station in Richmond, Va.

Dr. William R. Stokes, class of 1891, of 1639 N. Calvert street, State Bacteriologist, spoke in St. Charles' Hall, Pikesville, May 21, on "Flies and Mosquitoes as Carriers of Disease." Dr. Stokes illustrated his talk with lantern slides, making it most interesting and instructive.

Another lecture of interest was that of Dr. J. Lewis Hirsh, class of 1895, of 1819 Linden avenue, who spoke on "Tuberculosis." Both lectures were given under the auspices of the Medical and Chirurgical Faculty of Maryland.

DISPENSARY NOTES

The number of consultations given at the medical box of the University Hospital from November, 1912, to May, 1913, amount to 1581 (total new cases 705). For the month of April, 1913, there were 219, including 99 new cases; the month of May, 1913, there were 221, including 118 new cases.

The new patients upon physical examination were found affected with:

Cardio-respiratory diseases in April, 10 instances, and in May 8 instances. (Incompensate cardiac lesions, emphysema, bronchitis, arteriosclerosis, edema, etc.)

Cardiac lesions, in April 4 cases; in May 6 cases. (Endocarditis, myocarditis, heart-block.)

Pulmonary lesions, in April, 1913, 26 cases; in May 34 cases. (Mostly tubercular lesions, bronchitis, acute and chronic; asthma, pleurisy and pneumonia, etc.)

Digestive disorders, in April 5 cases; in May 5 cases.

Metabolic diseases, in April 3 cases; in May 1 case. (Gout and diabetes.)

Blood diseases, in May 3 cases.

Chronic infections, in April 4 cases; in May 7 cases. (Mostly luetic manifestations.)

Acute infections, in April 14 cases; in May 14 cases. (Tonsillitis, pharyngitis, rheumatism, rheumatoid manifestations.)

Genito-urinary diseases, in April 5 male, 3 female; in May 5 male, 1 female cases. (Most of these cases complained of rheumatism, due to Neisser infection, presenting in a few instances gonococcic exostoses.)

Nephritis (primary), in April 2 cases.

Nervous diseases, in April 1 case; in May 7 cases. (Among which was one case of acute Basedow, following grippe, complicated by tubercular, incipient lesions.)

Surgical and orthopedic cases, in April 8 cases; in May 3 cases. (Among the interesting cases of this group several arthroses, with probable cause of chronic infection, with positive osteitic and periaticular lesions, confirmed by X-ray examination, came under our observation.)

Noguchi's luetin test, as well as the Wassermann reaction, proved in many instances a valuable help in diagnosis. Our comparison of the dispensary activity in March (265 consultations, 124 new cases) with our present statement shows a slight decrease in the number of consultations given. With regard to the number of new cases the difference is only small. There is a decrease in pulmonary affections, as well as among the acute infections. The prevalence of pulmonary manifestations, however, justifies frequent re-examination of our cases, in order to direct these patients as soon as possible to the tuberculosis department.

In order to give more time for the study and examination of the cases referred to our department the dispensary hours during the next session (1913-14) will be extended from 12 to 2 P. M. During the summer months the alumni, the senior as well as the junior students of the University of Maryland, are cordially invited to share in our work.

PROF. E. ZUEBLIN, M.D.

BIRTHS

To Dr. Roscoe C. Metzel, class of 1905, of 1903 W. North avenue, and Mrs. Metzel, in May, 1913, a son.

To Dr. Arthur Edward Ewens, class of 1904, of the LeGrand Apartments, Atlantic City, N. J., and Mrs. Ewens, May 25, 1913, a son—Arthur Edward Ewens, Jr.

MARRIAGES

Dr. William Morgan Smith, class of 1880, of Alexandria, Va., to Mrs. Annie Staunton Murphy Cox of Washington, at Washington, May 14, 1913.

Dr. Louis N. Burleson, University of Maryland, class of 1891, of Concord, N. C., to Miss Alice R. Boylan of Baltimore, at Baltimore, April 12, 1913.

Dr. Oscar Richard Fletcher, University of Maryland, class of 1908, of Sanford, Va., to Miss Nancy Virginia Taylor, at Temperanceville, Va., April 17, 1913.

Dr. Charles Overton Burrus, University of Maryland, class of 1906, of Fredericksburg, Va., to Miss Margaret Byers, at Sharon, S. C., April 17, 1913.

DEATHS

Dr. William C. Carson, University of Maryland, class of 1856, died at his home in Port Deposit, May 15, 1913, aged 80 years. Dr. Carson was a graduate of Princeton, class of 1853.

Dr. Jacob L. Noble, University of Maryland, class of 1876, a member of the Medical and Chirurgical Faculty of Maryland, and formerly health officer of Caroline county, Maryland, died suddenly at his home in Preston, April 29, 1913, from valvular heart disease, aged 63 years.

Dr. John W. C. O'Neal, University of Maryland, class of 1844, died at his home in Gettysburg, Pa., April 24, 1913, from senile debility, aged 92 years. Dr. O'Neal was a veteran of the Civil War.

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SOME REMARKS UPON THE ADVANTAGES OF THE MERGING OF THE BALTIMORE MEDICAL COLLEGE AND THE UNIVERSITY OF MARYLAND.

By G. Milton Linthicum, A.B., A.M., M.D.

The merging of the Baltimore Medical College with the University of Maryland has been the result of the inexorable law of progress, development and evolution of modern medicine.

This advance in the real science of medicine has been during the past few years both great and rapid, and while apparently the increased lengthening of courses and requirements have been taken with excessive strides, this is only apparent, for if one stops to realize the enormous amount of material which is now required of the student as compared with even so recent a period as 10 years ago, it will be readily seen that the higher requirements and greater length of course have been absolutely essential.

Along with this increased time requirements, in order to cover the various fields of modern medicine, it becomes immediately necessary to supply a greater number of teachers, and at the same time larger, better and more laboratories are demanded for the teaching of the newer branches of medicine.

One sees the passing of the old didactic form of teaching, which, while it gives a splendid opportunity for the student to get synopsis in the shortest time and with least labor from the result of the teacher's study, at the same time it weakens the mentality and lessens the training of the student, in that it presents predigested food to the brain, thus encouraging laziness and superficial study. This method makes of the brain merely a phonographic record, which will repeat the thoughts that have been impressed upon it, but does not originate.

In contrast with this method we have what I might be allowed to call the contact method of the present-day teaching of medicine, demanding the personal contact between teacher and student, between student and patient. By this the student may and does associate symptoms and patient, and not merely a beautiful word-picture painted by the fluent professor of an imaginary patient. Making this method possible will, to my mind, be of the most essential importance and greatest value in the union of schools by giving a larger number of teachers and greater hospital facilities to the student body, which will grow because of these advantages.

This large number of teachers, working in greatly increased hospital facilities, second to none in the South, will enable every kind of disease being brought directly by a trained man to the attention of each student, so that he can question and examine each case that he may not only become familiar with the disease itself, but also with the varying methods of a number of teachers, and, what is of great importance, learn to know the human side of every patient. By such methods as these, when a student is graduated, he will be given as a reasoning, logical being to the public, with a knowledge collated and harmonized, not merely a shotgun prescription filled with all kinds of knowledge, but none of it arranged in a sequence to be of any great value, until as the years of experience have taught him the use of essential facts.

That such concentration as is brought about in this merger takes its parallel in value from the

results which have been found in industrial lines is clearly shown; that economy, strength and efficiency can only be obtained by the amalgamation of kindred interest, and a high degree of excellence may be obtained in educational lines only through the same concentration of mental activities when taken with a proper appreciation of the various resources at hand.

With the merging of faculties and enthusiasm of the two great alumni associations, one whose membership is largely located in the North and the other in the South, their united efforts can only result in a larger number of students.

These combined schools, with their powerful and dominant alumni and a larger faculty, should result in obtaining the sympathy of the public, and thereby be able to build up a large endowment of gifts and legacies, and with a merited reputation for thorough work spreading afar throughout the country and State should warrant the University large sums from the State to rehabilitate itself and extend its works.

The Board of Regents should be so enlarged as to have within its body representative citizens and representative State officials, in order that the influence of prominent men may be obtained and the State know that its interests are being protected, and by good work be shown that its sums are well spent. With such a board there can be brought about amalgamation of the various educational institutions of the State so that this institution will bear to them and to the people the relation of a State University with scholarships, opening great possibilities for the young men of Maryland.

One of the greatest values of this union should be the possibility, through the members of the faculty who serve upon hospital staffs, to open the doors of our city and State hospitals receiving State aid, in order that the patients cared for by the State may be used for teaching purposes. This in itself would be no hardship for the patient, but would warrant for him a more careful and better study of his case, resulting in more accurate treatment, with a greater percentage of cures and less time expended, valuable to both patient and community.

The State hospitals for the mentally sick and the large tuberculosis hospital should be so arranged that the students could spend a portion of their time in these institutions, and thereby instruction would be given them with the possibility of discoveries being made to solve two of the greatest problems with which Maryland has to deal. Maryland would receive for its money thus expended upon the care and treatment of her sick, and help given for the education of its students, a twofold return. She would get better care of her sick by such an arrangement, and would at the same time educate physicians to a higher degree of efficiency and training; that the citizens of Maryland would receive the very best medical attention, so that time and life would be saved, or its graduates go from its borders to remote or distant places, and by their attainments spread the reputation of the University of Maryland as an educational center.

OUTLINE OF PLAN FOR A STATE UNIVERSITY IN MARYLAND.

By Dr. Thomas Fell.

The progress of education in Maryland has already been such that at this time the question of its future and still further development is attracting much attention.

The public school system has reached a point of great efficiency and high schools have been established in nearly every town of any importance; so that secondary education has been well provided for throughout the State.

Higher education, therefore, is the phase which now demands our most earnest consideration. The State recently made a departure from the custom of the past by granting to the Johns Hopkins University a special appropriation of $600,000 for the erection of a school of technology with an annual income of $50,000 for its maintenance.

The institutions of higher learning now sharing in the bounty of the State draw approximately an annual appropriation of $300,000.

In the latest report issued by the Carnegie Foundation the following criticism in relation to this contribution is made:

"The appropriation of the State for the support of educational and philanthropic institutions over which it has no control is a questionable public policy. It does not alter the matter that many of these institutions are most useful and valuable agencies in these States, although it can readily

be shown that the obtaining of State aid by such institutions has already paved the way for State aid to less worthy agencies.

"There is only one safe line that can be drawn consistently with our political traditions and experience, and that is that State aid shall go only with State control."

The question, then, naturally arises how can this be brought about with mutual advantage to all concerned? The answer is, by combining all these institutions under the protection of a State University.

In making this proposition there is no suggestion to deprive any of the existing schools and colleges which receive State aid of the amount that they have been annually receiving, but the establishment of a State University so long foreshadowed by acts of Legislature would complete the system of public education without detriment to them.

Possibly some institutions might hesitate to resign the privileges they enjoy under existing charters, but if the education of the people is to be thereby improved and fostered, a mutual feeling of forbearance and a disposition to yield personal desires for the sake of the general good might remove all difficulties.

Moreover, a blanket charter could be made which would cover the new project and yet leave intact the original charters with all the privileges each school may now possess.

The fact that the various schools are situated in different parts of the State would not affect the general proposition of union to any great degree.

There would undoubtedly arise much saving of an economic character by each school confining its attention to the particular work for which it was particularly adapted, and discarding to the others that for which it had not sufficient equipment.

If thought desirable the Maryland Agricultural College, which is already largely owned and administered by the State, might be included as the School of Agriculture in the same scheme, and, if so included, would occupy a similar position to the University of Maryland that the Sheffield Scientific School holds to Yale University.

Goucher College, which is in need of financial aid, might very properly be included in the plan, because it seems a logical and proper conclusion that if boys and young men are assisted to gain a higher education by the funds derived from taxation, girls and young women should enjoy the same privileges and advantages.

The economic advantage of such a union should be apparent to all unprejudiced persons. Concentration is the order of the day in higher institutions of learning, and it is imperative.

The future is to be a time of strain and peril for isolated colleges. Just as in business circles the great trusts are crowding out or overwhelming the merchant or dealer who is not within their sphere of influence, so it is evident that the great universities, with their immense endowments and tremendous influence, must eventually occupy and control the business of education.

It may be said State universities are uncertain as to the continuance of their income. This view is not sustained by the facts. There is not any important State university which within the past twenty years has had a permanent setback or large reduction of income.

There seems to be at present a possibility for all of the medical schools in Baltimore, excepting Johns Hopkins, to unite or confederate under one charter, so as to create only two large reputable schools of medicine in this city.

It is believed that such a union will make a strength for each which the strongest has previously lacked. And, in referring to these schools of medicine, to which might be added those of law, it should be pointed out that as the State has recognized the desirability of creating a school of high grade technology, with scholarships giving free tuition, and even free board, it can not do less than extend the same opportunity for professional education in other fields of learning to the sons or daughters of those taxpayers whose children may not desire to become engineers or industrial artificers.

Many State universities throughout this country, in England and in Canada have been formed in this way, and are being successfully administered.

The Universities of London, of Liverpool, of Manchester, are universities for the people and are illustrations of the plan in England. The University of Toronto, the McGill University, and the University of Manitoba, in Canada; the University of Melbourne, in Australia, have all been built up in this way.

In our own country the Northwestern of Illinois, Columbia of New York, the University of

Ohio, the University of North Dakota, the University of California, and a number of others to a greater or lesser degree have fallen in with the movement to consolidate or affiliate institutions of higher learning, so that schools of various character have become departments of a great university. It is even proposed at the present time that the University of Pennsylvania be made the university of the State, affiliated with all the existing universities and colleges scattered through that State.

In Maryland the public school system is supported by a mill tax of 16⅔ cents on each $100, and a State-wide mill tax levy for the support of the common schools, the normal schools and the universities is the best way of supporting the educational interests in Maryland, and a way that is most in harmony with the present practice in other States.

The most disagreeable feature connected with the management of the higher educational institutions in the State is the necessity that forces those in control of them to make application to the General Assembly for special appropriations.

A fixed mill tax revenue properly apportioned would give them a *certain* revenue as liberal in amount as all considerations would make advisable; then, if they were placed under the control of a board whose membership has been judiciously selected, every educational institution receiving State aid would feel the thrill of new life and a more energized purpose.

Furthermore, such an income would increase naturally as the population and wealth of the State increased, and in proportion to the corresponding needs for larger support of the schools.

It is essential that the work of education should be for the benefit of the community—that the masses of the people should derive advantage. The public schools have always been popular, and there is no difficulty in getting the taxpayers to approve of appropriations from the State for their support.

The recent conference at Richmond, Va., for the development of education in the South revealed what the universities of South Carolina, Florida and Georgia were doing for the uplift of general education by sending out representatives of the faculties to stir up the high schools, to instruct the people by lectures and short courses—the farmers in particular—in the best method of cultivation and farm management, and to point out how the home can be made more comfortable and attractive.

Extension work of this kind adds wealth to the State, and money expended in promoting it brings a thousandfold return.

Properly trained teachers for the city and rural schools are also greatly needed, and it is the part of a State University to make provision for giving back to the State a full supply of a well-trained body of instructors.

With an upward development of our educational institutions throughout the State, it is believed that the present student bodies now assembled in Maryland would be doubled and quadrupled in the next five or ten years.

As far as can be ascertained, Baltimore is at present drawing annually to her professional schools and colleges some 2500 students from wide sections of this country and from foreign countries.

Everything tends to show that Baltimore has all the material advantages of a great center of learning.

Thus the old State of Maryland should aid and cherish the schools established in colonial times, schools of which she has every reason to be proud, in view of the great work they have done for more than a century, and should profit by the example of the younger Western States by creating a real, great State University.

ADDRESS DELIVERED AT THE SEMI-ANNUAL MEETING OF THE UNIVERSITY OF MARYLAND ALUMNAE ASSOCIATION OF GRADUATE NURSES, MARCH 3, 1913.

By J. A. Nydegger, M.D.,
U. S. Public Health Service.

I deeply appreciate the honor of being invited to speak before this meeting of graduate nurses; and after looking around me I wish to premise any subsequent statements that I may make by saying that I am glad I am here.

When I received the invitation a few days ago—through the medium of a sweet feminine voice over the telephone—to come here and make an address to you, being a bachelor, I hesitated somewhat, knowing full well from previous

observations in the case of many of my former colleagues the risk I would be taking; as also for the reason upon what subject I might speak that would prove to be of the most interest to you. However, after a brief conversation with the party at the other end of the telephone I felt reasonably assured that the risk of the *first* might be undertaken, and that for a brief period, at least, a talk on most any subject could be borne with a reasonable degree of fortitude.

In ancient times the doctors (witch doctors), fetish men and priests filled the position of nurse as well as that of the attending physician, for the reason that all ailments were generally attributed to supernatural causes—that is, to evil or offended spirits. Later on this important duty was intrusted to a member of the family or household, or a friend of the patient.

How a period of time does reverse the order of things! Today the trained nurse is in charge of the patient, and the physician makes an occasional visit to see how the *nurse* and the *patient* are getting along, as at the present time the doctor depends largely upon the intelligence, skill and good judgment of the graduate nurse for the care of his cases. And well may this be the case, because she is always present with the patient, and observes and notes any changes that may occur for the better or worse in the condition of the person.

The institution of trained nursing is most honorable, and one of the most noble of callings. Its successful pursuit, however, calls for much laborious work, long and perhaps tedious hours on duty, the deprivation of many social and other ambitions, but the reward comes in having served well, in having helped suffering mortals, in having helped to make their lives brighter and happier, in the practice of the calling, mixed always with a modicum of human sympathy and human kindness. But that is not all. Like all other callings, the profession of nursing must either go forward, stagnate and remain at a standstill, or go backward; and to keep apace and in the foremost ranks of any profession today requires constant study and application, to fit one's self for the new fields opening up, to fit one's self to keep abreast with the many advances in medicine and medical therapy and surgery and its improved technique.

I do not propose to refer to these important features more than in a general way in passing, but will confine the remainder of my time to the discussion of what within the past few years has become a most important branch of medicine, namely, tropical diseases, or tropical medicine, as it is most frequently called.

The *Veda,* which were believed to have originated directly from Brahma, who lived in India long before the birth of Christ, is the earliest literature extant referring to tropical diseases, as in one volume reference is made to dysentery and diseases due to worms.

In Egyptian medicine, which dates from the sixteenth century B. C. downward, tropical medicine is more than once referred to. In the medical Papyri directions are given for getting rid of fleas and lice, just what we are doing today. A disease produced by a worm is also referred to, which perhaps is our modern hookworm, of which we have heard so much of in our Southern States. The words A. A. T. in inscriptions on the temple of Denderah, Egypt, is said to refer to malaria—for plenty of malaria exists there now.

In Jewish medicine reference to tropical diseases is found in the Bible, for in the Book of Numbers there is a description of a plague of fiery serpents, which quite possibly refers to the guinea-worm; and it appears as though Moses had taught the Israelites how to extract the worm by winding it around a piece of stick, as is done today in many parts of Africa. Again, in the first book of Samuel, there is an account of a disease spreading among the inhabitants of the cities of Gath and Beth-Shemesh and others, in which no fewer than 50,000 men are said to have died. This disease was, without doubt, Oriental or bubonic plague. It is of great interest to observe that these ancient people noted that the "*mice* died and marred the land," showing the plague affected both man and *rat.*

Hippocrates, 460 B. C., and subsequently Galen, the fathers of modern medicine, observed and recorded their many observations of such tropical diseases, as the various types of malarial fever, now known as the quotidian, tertian and quartant fever.

In Greco-Roman medicine Themison, 50 B. C., mentions elephantiasis graecorum for the first time, which we now know to be due to the filaria sanguinis hominis.

To Celsus, 45 A. D., the master of Roman medicine, belongs clearly the credit of having clearly distinguished two types of tertian fever—

one simple, and a much graver form. Hundreds of years later this discovery was put upon a scientific basis by the researches of Merchiafava, Celli and Bignami in the same city (Rome).

Subsequent writers up to the end of the seventh century speak extensively of tropical diseases, such as plague, cholera, dysentery; also of broad and round worms. So we see tropical diseases were by no means unknown in the early centuries to the ancient writers in medicine.

It remained for the invention and evolution of the microscope, however, to supply us our chief knowledge of the etiology or causes of these diseases. Until the microscope was brought to such a condition of perfection that minute objects could be clearly and definitely seen, it was impossible for a human being to define the cause of any disease brought about by animals or plants as minute as parasitic protozoa and bacteria.

Therefore, tropical medicine is indebted almost directly for many of its most important facts to the inventors of achromatic and apochromatic lenses, for these alone have enabled the sciences of bacteriology and parasitic protozology to be placed on a firm basis.

The foundation of modern tropical medicine may be said to have been laid when it was realized that parasites caused disease. What is a parasite? In a medical sense a parasite is defined to be a living organism, animal or vegetal, which takes up its abode temporarily or permanently on or within other living organisms (called the hosts) for the purpose of obtaining food.

Trematodes were first recognized by de Brie in the form of liver flukes in sheep, which were afterwards described in 1854. The knowledge of parasitic worms has been greatly extended by the works of many: Dubini, the discoverer of ankylostome; or hookworm; by Bilharz, Greisinger and Braun; more recently by Loos of Cairo, Egypt; Low and Stiles of the United States; Vanhinstrum, Sambon and Leiper of the London School of Tropical Medicine; Ashburne, Craig, Musgrove and other workers in the Philippine Islands; Raillet and Blanchard, in Paris; Miura and Katsurada, in Japan.

But of all these names connected with tropical diseases, that of Sir Patrick Manson of England (they make them *Sir* in England when a man does something of note) stands out pre-eminently, first, for the far-reaching importance of his researches in filariasis. Manson later clearly pointed out the connection between this worm and elephantiasis, and demonstrated the extraordinary periodicity of the embryo, which at that time was discredited by all to whom he described it.

Epoch-making in the history of tropical medicine was the discovery by Manson in 1877 of the different phases of the development of the malarial parasites in the Anopheles mosquito. From this time on Sir Patrick Manson interested himself in the development of knowledge concerning malaria. Following his work as a stimulus, we have such men as Bancroft, Grassi, James, Daniels, Dutton, Elliott, Ashburne and Craig. In the meantime, two other great workers appeared in the field of helminthology, viz.: Loos of the medical school of Cairo, and Stiles of the United States, to both of whom tropical medicine is much indebted.

In 1641 Kircher, a friar, stated that he had observed minute living organisms in the blood of a patient during an epidemic of plague. But the first to promulgate scientifically a bacterial theory was Bassi, a country practitioner of the north of Italy, in the early nineteenth century. At that time a peculiar disease was destroying the silk worms, bringing ruin to the country, in which the silk industry was prominent. Bassi, by means of the microscope, discovered the germ which is the cause of the disease. From analogy Bassi believed and stated that human diseases were also due to micro-organisms. Bassi's work was not appreciated by his contemporaries, and failed to make any lasting impression. Gruby, in 1844, showed that ringworm was due to a parasitic fungus. Then came Pasteur, and later Koch, whose epoch-making work extended from 1877 to within recent time.

The important bacteria from a tropical medicine point of view were discovered as follows:

Leprosy, by Hansen, 1879; cholera, by Koch, 1880; Malta fever, by Bruce, 1887; plague, by Yersinn and Kitasato, 1894. The dysentery bacillus was found by Shiga, in Japan, in 1898, and by Kruse, in Germany, 1900.

The knowledge that higher fungi caused tropical diseases is largely due to Manson, Blanchard, Carter, Vincent and others.

Of the parasitic protozoa in human beings, one of the first to be discovered was balantidium coli, found by Maelstrom of Stockholm in 1857; sometimes producing dysentery. The lamblia intestinalis, producing the same disease, was dis-

covered by Lambl in 1859, and trichomonas hominis, by Durvine in 1864, which is considered by many authors to be the cause of certain cases of diarrhea.

In 1875 an ameba was found by Lösch, in Petersburg, in a peasant who suffered from an ulcerative inflammation of the large intestine, and Sensio, in Cairo, also described the finding of a large number of amebae in the intestinal mucus of a child who had died of dysentery. In 1903 Schaudinn described another form of ameba in the large intestine in cases of dysentery coming from the tropics, and named it amebae hystolitica. The ameba first discovered by Lösch in 1875 is now known as the ameba coli, or a harmless ameba, and the ameba hystolitica as a pathogenic ameba, producing tropical or amebic dysentery, though on these two theories there is still a good deal of doubt cast by some observers.

The discovery which has had the greatest influence on tropical medicine was that of the parasite of malarial fever in 1880 by Laveran. True, this had to some extent been foreshadowed by other observers; still, the entire credit of this great discovery is due to Laveran, for, while the others saw protoplasmic masses and pigment in the blood, they failed to recognize the parasitic nature of the forms they saw.

The further development of our knowledge concerning this parasite is due to the valuable researches of Golgi, Marchiafava, Celli, Bignami and many others. Laveran's discovery and the work of his successors left, however, a great gap in the history of the parasite. They described lucidly the life history in the human being, but could not explain how man became infected. Manson, reasoning on his work on the mosquito and filaria, suggested that there might be a stage of development of the parasite in the mosquito. Working on Manson's theory, Dr. Ross, at that time in the Indian Medical Service, after years of patient, hard work, was able to trace the full development of a bird's parasite in culex mosquito, and partially that of a human in the Anopheles mosquito, and thus made not merely a great discovery, but one which will be of *lasting benefit to mankind.*

Grassi later showed that only Anopheles mosquitoes are capable of transmitting the parasite.

In 1901 Ford and Dutton, working in the Gambia, West Coast of Africa, discovered a trypanosome, called by Dutton trypanosome gambiense, in a case of peculiar irregular fever (Gambia fever). In 1902 Castellani found the same organism in the cerebro-spinal fluid of cases of sleeping sickness, and first associated it with the etiology. Further investigations by Bruce and others in various regions of Africa showed that Gambia fever and sleeping sickness were the two stages of the same disease.

In 1903 Sambon promulgated the hypothesis that the human trypanosome (for there are animal trypanosomes causing disease in animals, such as "surra" in horses and cattle in India and the Philippines, and "Nagana," the native name for the disease in animals in Africa) was carried by a variety of the tsetse-fly known as the glossina palpalis, and later Bruce experimentally proved that the trypanosome gambiense is in reality introduced into human beings by the bite of the glossina palpalis. It has since been shown that the parasite undergoes a cycle of development in the body of the tsetse-fly.

I have not the time to go into detail, but it is obvious from the preceding that ticks, bugs and insects play a prominent part in the spreading of protozoal diseases, and further, that they communicate bacterial disease as well, many of which are classified as being among the tropical diseases. Thus we see filaria can be spread by two or three varieties of mosquito, malaria by several species of the Anopheles, spirochaetes by ticks, trypanosomes by the tsetse-fly.

But apart from these discoveries, of which we know the cause, there are two infections, the unknown agent of which is carried by the mosquitoes. Finlay, in 1881, formulated definitely the hypothesis that yellow fever was spread by mosquitoes, which was conclusively proved in 1900 by Reed, Carroll, Agramonte and Lazear to be a fact beyond doubt, the mosquito being the stegomya calopus. This Commission was greatly assisted in the prosecution of its work by the published observations of Dr. Carter of the U. S. Public Health Service, on the period of "extrinsic incubation of yellow fever," which later the Commission proved; that after a mosquito had bitten a person with yellow fever, about 14 days were required for the organisms to undergo development in the mosquito, which then infected a well person by the bite.

In 1906-8 the Indian Plague Commission re-

ported that the rat flea is the main cause of the spread of plague.

Notwithstanding all the rapid advances of knowledge in tropical medicine in the last 10 to 15 years, there are many yet unknown or little known diseases which would come under this head, such as the causation of Blackwater fever, of yellow fever, of dengue, of sprue, of beri-beri, of ainhum, pellagra and many others still require explanation. The method of infection of leprosy is still unknown.

Though *tropical medicine* is limited to the description of certain diseases found mostly in the tropics, still there are many cosmopolitan diseases common to both temperate and tropical regions.

Nothing has done more to advance our knowledge of tropical diseases than the establishment of schools of tropical diseases for the purpose of teaching tropical medicine.

Summing up in a few words, what does all of this mean to us in a practical way? It means that we are going to have more and more to do with the treatment and nursing of tropical diseases in the future than in the past. A decade and a half ago the United States was not a colonizing power. Immigration and travel to and from countries where tropical diseases prevail mostly was far less than it is now. By the acquirement of her colonial dependencies, still more by the inevitable exigencies and extension of her commerce, she has chosen (as she had no other choice) to make herself an interested party in all parts of the world.

Our colonial dependencies now include the territory of Hawaii, the Philippine Islands, Guam, Porto Rico, the Panama Canal Zone, and this country practically exercises a health protectorate over the seaports of the Island of Cuba and of Central American States; and, who knows, may soon have the responsibility of restoring law and order and establishing health conditions in Mexico. In all of the above-mentioned dependencies and countries tropical diseases prevail extensively. And, indeed, we do not have to go so far away as the tropics to find many of the so-called tropical diseases. In the Southern States are all the variations of malaria, amoebic dysentery, hookworm and other tropical diseases; many of these are also found in the temperate zones.

The outbreak of the Spanish-American War and the occupation of Cuba, Porto Rico and the Philippine Islands by our troops and the subsequent return of the troops from those places to the States, many of them invalided with tropical diseases, threw the burden of the treatment and nursing upon the private practitioners and the nurses in the municipal and other hospitals of our cities and States.

By the knowledge acquired of tropical diseases there was made possible the successful carrying out of one of the great engineering feats of the world, if not the greatest—the construction of the Panama Canal. The construction of this canal was only made possible by use of this knowledge in making the Canal Zone a healthy place for men to live and carry on their work. The French Government failed in this undertaking because of the fact that the place was so unhealthy that men died almost as fast as they were brought there, and this great work had to be abandoned.

As a final word, I consider it of the greatest importance nowadays for any young doctor graduating in medicine to have a fair working knowledge of tropical diseases, and for a nurse graduating in nursing to have a fair nursing knowledge of the tropical diseases. In either case I do not consider their medical and nursing education complete unless they do possess this knowledge.

WHEN IT'S UP TO YOU.

By Willis Linn, M.D., 1911.

Formerly House Student University Hospital, Baltimore; Resident Senior House Surgeon, Columbia Hospital, Washington; Interne Casualty Hospital, Woshington, Sibley Hospital and the Tuberculosis Hospital of the District of Columbia, Washington, D. C.

This brief sketch is not intended for those members of the profession who are already established on life's highway, but to those who have recently or who will shortly acquire the much-talked of and greatly coveted M.D. degree. When you are ready to start for the long run called "practice," you will find many difficulties in your path, many questions of a nature that none but you yourself can answer. "Shall I take hospital work or shall I go back home where everyone knows me and be for years Dr. Newstart and Aunt Miranda's folks won't never believe their Joe can doctor none." "Shall I settle in a big city where competition is keen and a start hard?"

I* wish to state right here that competition in medicine and in surgery is keen everywhere. You will find it so along the Florida Keys and in the border towns of Mexico, and in some places it is even more bitter and harder to overcome than in the crowded centers of medical education. "Shall I be a surgeon?" Here I may add another word. Nowadays in their own eyes and, sad to state, in the eyes of a great many of the public all doctors are surgeons. Let the average "house student" see, not necessarily do, a few operations, and after he graduates he will slash open the first abdomen he gets the chance to. Probably no word in the English language is abused like that one word. It means everything, from removing corns to delving into the fourth ventricle. Yes, you can be a "surgeon," so-called, but to be one in reality means more than serving a year or so in a hospital and then cutting the first thing that looks as though you could "get by with." If you cannot afford the time or money for a long period of hospital training, get into a city where the operators use permanent assistants. Where the hospital interne is the so-called second assistant. Get with a surgeon and stay with him until you are as good as he is, then change and get another. If, however, you can afford the time in a hospital for from four to eight years, avoid as you would poison the "outside assistant" towns and cities, but get where the resident does the assisting. In picking out a hospital or location for surgical work, don't be guided by that will-o-the-wisp which is handed from mouth to mouth about such and such a place needs a surgeon or a doctor. No place in these United States that is fit to live in needs a doctor nowadays. If you are good enough any place in which you settle will need you in time, though not at first. In selecting your institution for work, it will be the better plan to get in some modern up-to-date place, with a good up-to-date staff and management, than in any of the special institutions where one or two men control everything and you will be forced to accept their methods or none. Be careful as far as possible of political institutions, and particularly of any in which political dogmas and "petty pull" have to be used. They are too often supervised by some old mossback in whose good graces you have to stand to keep your place. You will not find trouble in getting appointments, excepting perhaps during June and July. I am well aware of the fact that every spring much talk is heard about this and that institution being "filled up." In September and October you can get all you want. The average student seems to think that everyone looks up to the interne, but when one gets to be interne he soon finds that the only ones he is supposedly superior to are the students.

We will now return to the men who are not "hospitalized" and to those who have had enough experience to know that they don't know very much. Almost any doctor in any city will tell you that his city is not very good and that his neighborhood is very poor. Don't take his word for it if you are unfortunate enough to be of that turn of mind "where you have to be shown." Why, go and look; but you may have a few of the much-needed dollars if you take the following advice. I assure you it is given in all seriousness and it cost much in money and time to acquire it: Get all the training you can. Pass your State board first. Pick out the town or city you want to live in and go after the work. Don't believe this and that about the town or city just across the border, for "Distance lends enchantment to the view." Emerson says, "Hitch your wagon to a star." Usually it is better to hitch a star to one's wagon. There are no "open places," there are no men wanted in medicine in this and that place. Unless you have already picked out your place or residence, remember the man himself makes a lot of difference in these matters. I have seen many men proficient in the practice of medicine, who could never make a success of city practice. They were too quiet, too unobtrusive, not enough push and pull about them. In the country and smaller towns this may succeed, but remember the advice, "Where there is nothing great to be done, a great man is impossible." Medicine, like everything else, thrives in the best ground. No matter where you start, if you are young or look young, you will often hear, "Young doctor," or "He looks too young." Bear them all; remember that Alexander the Great died at 33 years of age and Napoleon commanded the army of Italy at 27 years. If you can arrange to locate where your father can assist at times in the scramble for bread and butter, it may be wise to consider it. Some prefer locating where they have done their hospital work. It doubtless has many advantages, but you will find that it is a very dif-

*"The right line I is the very shortest, simplest, straightforward means of communication between us and stands for what it is worth and no more."—*Thackeray.*

ferent matter when you start dodging up some alley to see a patient than it was standing around the waiting-room with the white ducks on to give the visitors a treat when you were back at the hospital. It has another disadvantage—people will for years speak of you as the hospital doctor. You will hear particularly during your last year in school of the surgeons they need down South. Don't believe it, stop and consider a moment. McGuire in Richmond, Lee in Norfolk, Morris in Birmingham, Gavin and Inge in Mobile, Matas and Dana in New Orleans, but why go on? They have them and in profusion. The North has them, the East has them, the West has them, and the South has them. Unless you were born in the land of sunshine it is well to leave it alone. While the people are hard to beat socially, the climate, except to those used to it, is bad, and everyone's credit in the South is good until proven otherwise. Credit you want to have as little to do with as possible. Florida is full of doctors on both the east and the west coast, and who wants to spend June, July and August in Florida? Alabama is a great State, but don't go down there with the idea that they haven't several doctors. Texas, on account of her easy reciprocity laws, is full to the doors, and so we might go on, but why? You, after all, are the one to decide, but decide as soon as you can, else you may have many heartaches over the matters to come.

I have not tried to dictate any rules in this brief sketch, but if it has saved only one person a disappointment its purpose will have been accomplished.

The following appointments have been made to the staff of the University Hospital:

Assistant Resident Surgeons—Drs. C. W. Rauschenbach, R. E. Abell, W. M. Scott, class of 1912; H. A. Codington, class of 1911; C. R. Edwards and E. Newcomer, class of 1913.

Assistant Resident Physicians—Drs. M. L. Lichtenberg, class of 1912; W. F. Gemmill, L. Hays and C. H. Hemphill, class of 1913.

Assistant Resident Gynecologist—Dr. G. A. Stem, class of 1912.

Resident Pathologists—Drs. E. G. Breeding and W. H. Toulson, class of 1913.

Maternity Department—Drs. H. M. Freeman, chief resident obstetrican; T. B. Woods, E. E. Travers, class of 1913, assistants; and C. D. Welchel, class of 1913, alternate.

ADDRESS DELIVERED AT THE ANNUAL MEETING OF THE ALUMNI ASSOCIATION BY DR. PHILIP S. FIELD, CLASS OF 1852, THE OLDEST ALUMNUS PRESENT.

Mr. President—Gentlemen:

I feel proud of being an humble member of this honorable association. As I look over this brilliant assembly, brought together to celebrate the wonderful and successful progress of the Maryland University since my graduation in the year 1852, it brings vividly before me the names of my first instructors—Prof. Nathan R. Smith, called by the students the emperor, in his time the peer of any surgeon in the United States; Samuel Chew, the profound scholar and polished gentleman, father of Samuel C. Chew, worthy son of his sire; Power, by his earnest efforts teaching us auscultation and percussion after the great Lannec of Paris;. Roby, the great teacher of anatomy, with his great fund of anecdotes, keeping the class in good humor whilst instructing the class: Aiken, the slow, but earnest, teacher of chemistry; Richard Thomas, the quiet and refined teacher of obstetrics; George H. Miltenberger, the brilliant surgeon and lecturer, who filled several chairs. All have passed to their rest, leaving us to follow their example and precepts.

"Lives of great men oft remind us
We can make our lives sublime;
And, departing, leave behind us
Footprints in the sands of Time."

These noted men were followed by such men as Charles Frick, Frank Donaldson, Christopher Johnston, Samuel C. Chew, worthy son of his sire. Here memory fails to remember others equally worthy to be classed as brilliant men. Among my classmates I can remember but few. Those of my associates at the old Baltimore County Almshouse were Henry Wiendahl, Jackson Piper, James Ghiselin, George Farnandis, Richard Lynde, Wm. Hillery, Carrington, Riggin Buckler, Westly Steele. Among those, but two are living—Steele and myself.

And now, gentlemen, I turn with pleasure to speak of the present condition of the University, with its host of brilliant men occupying chairs and instructing the students. In looking back through the vista of 50 years and seeing the wonderful advances made in

the various branches of medicine and surgery without the aid of the hypodermic thermometer, no antiseptics, but water and cleanliness, brings the wonderful thought how we succeeded in treating the various ailments successfully. With success in the past 50 years, what may we expect in the next half century? Time alone can tell.

Thanking you for your kind attention to these few imperfect remarks, in closing will offer this sentiment:

The Maryland University, a temple of knowledge. A never-failing stream from which all can drink and never exhaust its supply or satiate a thirsty mind. A bright sun whose rays enter the palace of the rich and humble cot of the poor.

TENTATIVE REPORT ON SERODIAGNOSIS OF PREGNANCY, TUBERCULOSIS, GONORRHEA AND SYPHILIS.

PROF. E. ZUEBLIN, M.D.,
AND
H. J. MALDEIS, M.D., PATHOLOGIST,
Serodiagnostic Laboratory of the University Hospital.

Abderhalden's biological test for pregnancy, as a means for the early diagnosis of this condition, has aroused the interest of the clinician, as well as of the pathologist. It is expected that within the near future several investigators will publish their results obtained by this method. This method is based upon the facts that during the developing stage and period of growth of the placenta the maternal blood serum contains microscopical portions of chorionic villi and specific enzymes. "Choriolytic substances" can be detected in the blood serum of the mother by means of dialyzation. These enzymes are able to decompose normal placental tissue, the products of cleavage, mostly amino acids, which dialyze readily in distilled water. It can be demonstrated either by the polaroscope or by chemical color reactions. During the last few months we studied the sera of pregnant women, and also sera of non-pregnant women by this new method. The number of our cases, however, is not yet sufficient for a definite conclusion in this matter.*

The technic, briefly, is as follows:

Preparation of the placenta: The fresh human placenta, after removal of the membranes and cord, is cut into small pieces the size of a quarter. They are placed into a dish containing sterile normal saline solution, thoroughly squeezed and washed out, changing frequently the fluid, in order to remove the blood until the tissue has become colorless and white. This process requires quite a long time, and is essential. The treated tissue is then washed in running tap water until the saline solution is removed. The tissue is then boiled for five minutes in distilled water, the filtrate is then tested with nynhydrin for the presence of blood, which is demonstrated by the appearance of a blue, blue-violet discoloration of the heated fluid. If the test, after cooling and standing for thirty minutes, is positive, the washing is repeated until the negative color reaction is obtained. The bloodless placental tissue is kept cool in chloroform or toluol water until required for the serum test.

Preparation of the serum: The blood is obtained by venous puncture in the usual way under aseptic conditions. The blood corpuscules are thrown down either by immediate centrifugalizing or by quiet standing of the blood in the ice box for twenty-four hours, in order that a transparent, not red-tinged, serum becomes available for the test. For this investigation at least 10 c.c. of human blood are required, corresponding to about 4-5 c.c. of blood serum.

Dialysis: The diffusion membranes from Schleicher and Schuell No. 579, 16 mm. in diameter, are the most satisfactory, provided that they have been tested for their impermeability.

Into such a shell the coagulated placental tissue, about the size of a pea, is placed, and added to it 1 c.c. of the serum to be examined. The outside of the diffusion membrane is washed with water, then with its contents is placed in a little beaker containing 20 c.c. of distilled water. The contents of the shell, as well as of the little glass, are covered with a sufficient layer of toluol, and then the serum plus placenta, and the controls (serum alone, as well as the placental tissue), are incubated for 16-24 hours at 37½°C.

Color reaction: Ten c.c. of the dialysate (avoiding the toluol) are mixed with 2 c.c. of a 1 per cent. solution of nynhydrin (tryketohydrindenhydrate). The solution being quickly heated and allowed to boil for one minute, a positive reaction is recognized by a deep blue-violet or blue discoloration, which may become more pro-

*Preliminary report.

nounced after standing for 15 to 30 minutes. The reaction is negative, if no change of color or only slight yellowish tint is observed.

From our six cases of uterine pregnancy the reaction was in all cases positive. The earliest case under study was that of a patient whose menses was missing eight weeks. In one case of ectopic pregnancy of two months' standing, the diagnosis being confirmed by laparatomy, the reaction was positive even four days after operation. One case of tumor gave a negative serum reaction. Serum from a male patient subjected to dialysis with placental tissue was negative. All the controls, patient's serum dialyzed alone, and placental tissue alone were negative.

In a series of cases we tested the serum against old tuberculin, bacillary emulsion, T. B., with the following result:

Six cases of pulmonary tuberculosis, in different stage of involvement, five cases gave a positive reaction; one incipient case was negative, but reacted markedly with the subcutaneous application of tuberculin. Three cases were tested against bacillary, T. B., emulsion; one incipient case gave a slight positive reaction; two cases gave no reaction whatsoever. One serum of a case without any clinical evidence of tuberculosis, tested with tuberculin, turned out negative. All controls were negative.

In three cases of gonorrhea we tried the patients' serum, with gonococcic vaccine in two, with gonococcic antigen in one case, in all cases obtaining a positive reaction. In one of these cases the Neisser organism was demonstrated in the synovial fluid of the knee. The control sera were negative.

In several cases of lues, with positive Wassermann and luetin test, the patient's sera tested with syphilitic antigen and with luetin were negative. In one instance only a slight pink discoloration resulted with luetin.

The examination of the blood sera of various cases with adrenalin, pituitrin, thyroid and malignant tissue is in progress at this time, but our cases are not numerous enough to report, but may be published later. From our restricted experience, it would seem that the method of Abderhalden's ferment test in cases of pregnancy may give additional information in making early diagnosis, provided that the technic is carried out carefully in all its details. As a biological test, the principle of this method applied to various conditions may, after numerous experiments, become important in making a correct diagnosis.

With the aim of obtaining more material for the study of these important reactions, we would feel very grateful to the readers of THE BULLETIN if they would refer suitable cases for examination to our laboratory.

We are in receipt of the following letter from Dr. Bernard Levinson, B. M. C., 1908, of 612 W. Front street, Plainfield, N. J.:

"Nathan Winslow, M.D.,
"University of Maryland,
"Baltimore, Md.:

"Dear Doctor—Desiring membership in the alumni of the University of Maryland, I have written Dr. Streett, making mention of this fact. He kindly responded, referring me to you as being the proper authority. I am anxious of procuring a certificate, and if there be any fee attached thereto, please inform me by return mail, and same shall be forthcoming.

"Some time ago, in one of the current medical journals, I came across the announcement of the merger of the University of Maryland, the Baltimore Medical College and the Physicians and Surgeons under the name of the University of Maryland. It was pleasant news, indeed. I feel sure such merger is a boon to medical education and is a wise step toward progress. I feel happy such step has been made. Such merger stands for higher and broader ideals. May they rise to a higher plane of fame, bringing forth men of renown! Long live the University of Maryland!

"Thanking you for your courtesy, and waiting an early reply, I am,

"Respectfully yours,

"(Signed) BERNARD LEVINSON, M.D."

Dr. Nathan R. Gorter, class of 1879, City Health Commissioner, lectured on "The Work of the Health Department" to the members and friends of the Eleventh Ward Democratic Club, 847 Hamilton Terrace, June 18, 1913. After the lecture a resolution was passed favoring the retention of the local quarantine station under the control of the Baltimore Health Department.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

A Monthly Journal of Medicine and Surgery

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JULY 15, 1913.

"BIS DAT QUI CITO DAT."

For two years we have been endeavoring to raise $50,000 to endow the department of pathology. It is absolutely essential to the welfare of the University that this department, as well as the other laboratory chairs, be upon an endowed basis. Nobody cognizant with the trend of medical education will deny this assertion. Thoroughly realizing the futility of running a medical school without endowed laboratory departments, we have been and are still endeavoring to collect the aforementioned sum from our alumni. Some have contributed freely of their means. Nevertheless, after a period of two years' constant solicitation, returns do not seem commensurate with the labor expended. We are not asking large donations—anything you feel able to contribute will be gratefully received. It is not the amount, but the spirit animating the giver which gladdens the hearts of the committee in charge of the fund. Hard times are upon us, rocks and breakers abound, but we feel that the old ship, with your aid, is going to weather the storm, and after we are called to our reward will still be doing a beneficent and useful work. You can help her, and can do so at no more opportune time than now. As the small boy says, "Loosen up your heart strings as well as pocket-books." Help us! *"Bis dat qui cito dat"*—"He gives twice who gives promptly"—represents our position.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	252 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	205 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00

Total subscriptions to July 1, 1913..$10,602 17

NEW SUBSCRIPTIONS IN JUNE.

Jos. T. Smith, 1872	$5 00
H. L. Sinsky, 1908	5 00

W. F. Sowers, 1906	10 00
H. J. Maldeis, 1903	10 00
Jos. W. Hooper, 1909	25 00
Total	$55 00

ITEMS

We are in receipt of this very interesting communication from Dr. William L. Burns, class of 1908, formerly resident surgeon at St. Joseph's Hospital, Baltimore, now one of the leading physicians of Cumberland, Md.: While on a visit to New York, recently, I spent some time attending the clinics held at Bellevue Hospital and the Hospital for Deformities and Joint Diseases by Dr. Frederich Franz Friedmann, the claimant to a cure for tuberculosis by the injection of turtle serum. I had ample opportunity to witness the work of Dr. Freidmann, and am of the opinion that he should be encouraged in his treatment of tuberculosis until the serum has been thoroughly tested. No hasty judgment should be given at the present time.

It is impossible for me, or for anyone else, I maintain, to give any definite opinion as regards to a positive cure; on the other hand, however, I think every physician should reserve criticism until a thorough investigation has been carried out.

I am free to admit that the majority of physicians with whom I talked in New York at the clinics do not believe that Dr. Friedmann has a case; this is due, I think, in a measure, and as claimed by Dr. Friedmann himself, to the way in which the newspapers have represented him or rather misrepresented him. On the other hand, I believe, with the physicians in attendance at the clinics, and they were there from all parts of the country, that Dr. Friedmann should be given every opportunity to prove what he says, inasmuch as he already has stated that the serum is perfectly harmless.

Dr. Friedmann is a rather handsome German, with a very pleasing personality and in every sense impresses one as being a very serious man. He speaks very little English, the clinics being conducted mostly through an interpreter. He does not even demonstrate any of his cases, either the physician in charge of the case brought to him for treatment or the house physician in charge of the hospital, demonstrating the case before and after the injection of the serum. Any physician present was at liberty to examine the patient, and one week later we were again allowed to see the same case.

While I was present, Dr. Henry W. Frauenthal, a noted orthopedic surgeon of New York, demonstrated several cases before and after treatment. Some of these cases previously had been under treatment by him. Of the thirty or more cases I saw treated at the Hospital for Joint Diseases, the results to me have been marvelous; only two showed no improvement. All of these, however, were tuberculosis of the joints.

Of the patients I saw suffering from tuberculosis of the lungs at Bellevue Hospital, little or no improvement was noticed, but as the treatment had been instituted only two weeks at that time, I could not draw absolute conclusions as to the outcome in that length of time. Of all the cases I saw, those suffering with tubercular joint disease have shown the best results following treatment with Dr. Friedmann's serum.

Many criticisms have been made regarding Dr. Friedmann's technique. I can, without question, say that it is perfect in every detail, as also is his method of preliminary examination of the cases before the treatment is begun. Each case is thoroughly examined the day before the treatment is started. From a blood test to the addition of X-rays, Dr. Friedmann insists on as complete an examination as possible.

One doctor from New Mexico, while I was attending the clinic, was injected with the serum. He is a sufferer from tuberculosis of the lungs and the injection was made in the hip. No case of tuberculosis of the lungs receives the injection in the veins, but in the muscles, which is very simple; any physician could give it, as it is nothing but a simple hypodermic injection.

Another of the cases treated, fully referred to in the newspapers, that of Professor Oslander, ended fatally, but it was no fault of Dr. Friedmann in my estimation and that of the other physicians attending the clinic. This was that of a sufferer from tuberculosis of the kidneys; one kidney had been removed when Dr. Friedmann first saw him, the patient then being in a dying condition, showing symptoms of uremic coma. Dr. Friedmann did not want to give the treatment, as he informed the patient's family that it would result in no benefit, but out of sympathy and in response to their earnest pleadings, Dr.

Friedmann injected him. The patient died, and, of course, some said it was due to the serum, but Dr. O'Hanlan, superintendent of Bellevue Hospital, where the patient was treated, says he was dying when admitted to the hospital, and Dr. Friedmann's serum was not responsible for his death.

I feel sure that it is too soon to give an opinion upon Dr. Friedmann's cure, but with the record he has made so far I agree with the other physicians who have seen him that he should be given a fair chance to prove that he has something beneficial to humanity. As he has been working on this serum since 1903, it seems that he has been very patient in his undertaking, although if he is mistaken I think he is serious in his belief that he has a cure and not trying to defraud the public for monetary purposes.

A thorough investigation is being carried on by two Government physicians who have all the cases under observation, but I think it will be several months, if not a year, before anything definite will be found out, as the cases that have shown such wonderful results may be only temporary, and I cannot see that any permanent cure could be established under a few years, yet it is possible that the Government will give an opinion before that time.

We are glad to learn that Dr. Arthur Wegefarth, class of 1890, Baltimore Medical College, of 2227 Eutaw Place, who recently broke his ankle while boarding a car, is much improved.

Dr. Nathan R. Gorter, class of 1879, of 1 West Biddle street, Health Commissioner of the city, presided at the meeting of the Women's Civic League in McCoy's Hall on the 5th inst., when the milk question was discussed.

Prof. J. Holmes Smith and Mrs. Smith have reopened their country home near Kingsville, Baltimore county.

Dr. Marshall B. West, class of 1901, secretary of the Pot and Kettle Club, Catonsville, and sanitary officer of the First District of Baltimore county, recently had a narrow escape from serious injury when an axle on an automobile which he was driving broke, throwing the car to the side of the road. Fortunately, Dr. West was not thrown out.

In connection with the recent meetings of the Maryland State Homeopathic Medical Society, Dr. George Hauer Everhart, class of 1890, 100 West Twenty-fifth street, exhibited a number of cases of malignant diseases declared healed by electrical methods of operating.

The Board of Health of Cumberland, Md., has abolished the office of City Physician, which was filled by Dr. William L. Burns, class of 1908. It was the duty of the City Physician to look after injuries brought to the attention of the public and to attend inmates of the police station.

Dr. E. Sanborn Smith, class of 1900, of Macon, Mo., has been elected president of the North Missouri Medical Association, which is a stepping-stone to the presidency of the State Medical Association. THE HOSPITAL BULLETIN desires to congratulate Dr. Smith, and wishes him much success.

Superintendent Gibbons of the U. S. Naval Academy entertained Dr. Thomas Fell, provost of the University of Maryland, at dinner June 3, 1913.

Dr. E. H. Rowe, class of 1906, of the Homewood Apartments, who sailed recently for Europe, is now in Vienna, Austria.

Dr. B. Bernard Browne, class of 1867, of 510 Park avenue, attended the commencement exercises of Columbia University.

Dr. B. Merrill Hopkinson, class of 1885, and family are spending the summer at 205 Woodlawn road, Roland Park.

At the commencement exercises of the University of Maryland, Governor Goldsborough announced that he would appoint a commission for the purpose of studying the educational system

of Maryland. The recommendations of this commission will be submitted to the next session of the Legislature.

We are glad to learn that Dr. Eugene F. Cordell, class of 1868, of 257 W. Hoffman street, who has been confined to his bed with a sprained ankle, is much improved and able to be out again.

The following alumni have died during the year:

Josiah R. Brownwell, class '71, died at Washington, D. C., May 25, aged 70 years.

Humphrey E. Bowman, class '39, died at Farmington, Iowa, April 29, aged 93 years.

Joseph C. Benzinger, class '63, died at Baltimore, Md., May 4, aged 68 years.

Samuel Hall Anderson, class '70, died at Woodwardville, Md., May 17, aged 63 years.

John Smallbrook Hawkins, class '97, died at Savannah, Ga., May 25, aged 54 years.

George R. Patrick, class '79, died at Lowell, N. C., June 19, aged 57 years.

William Parsons Ivey, class '83, died at Lenoir, N. C., June 28, aged 55 years.

Abel Huston Thayer, class '76, died at Grafton, W. Va., September 8, aged 70 years.

John Brown, class '77, died at Baltimore, Md., August 2, aged 70 years.

John Addison Moorman, class '68, died at Hendrick's Store, Va., July 16, aged 68 years.

Henry Rowland Walton, class '50, died at Annapolis, Md., August 8, aged 84 years.

William Kirkwood Robinson, class '93, died at Los Angeles, Cal., August 26, aged 43 years.

James H. Butler, class '57, died at Baltimore, Md., September 27, aged 77 years.

Ned M. Jeter, class '87, died at Millington, Md., October 15, aged 50 years.

Robert Ferguson Chapman, class '65, died at New York city November 12, aged 71 years.

Charles Hicks, class '77, died at Mt. Vernon, Ga., October 31, aged 58 years.

J. Denham Palmer, class '72, died at Jacksonville, Fla., November 8, aged 60 years.

Robert J. Price, class '66, died at Vienna, Md., January 15, aged 73 years.

Benjamin T. Winchester, class '75, died at Windsor Mills, Md., January 14, aged 61 years.

Lemuel S. Lawson, class '67, died at Dallastown, Pa., December 5, aged 75 years.

Alfred B. Giles, class '80, died at Forest Park, Md., December 22, aged 54 years.

Oliver Parker Penning, class '97, died at Baltimore, Md., December 29, aged 43 years.

Richard Channing Massenburg, class '84, died at Towson, Md., December 30, aged 67 years.

Thomas C. Baldwin, class '94, died at White Hall, Baltimore county, Maryland, January 3, aged 44 years.

Henry Bowen Edmondson, class '91, died at Marion, Va., January 18, aged 42 years.

Hamilton K. Derr, class '81, died at Hagerstown, Md., February 12, aged 60 years.

Edward Lawrence Casey, class '05, died at North Woodstock, N. H., December 10, aged 30 years.

George W. Davis, class '69, died at Pleasantville, Md., January 19, aged 69 years.

James W. Eichelberger, class '70, died at Frederick, Md., February 23, aged 71 years.

Bruce Thomas, class '52, died at Philadelphia, Pa., March 14, aged 80 years.

Robert Hamilton Campbell, class '89, died at New Orleans, La., March 17, aged 43 years.

James Edward Massie, class '71, died at Rock Hill, S. C., January 20, aged 64 years.

Marcellus B. Shupe, class '85, died at Connellsville, Pa., March 23, aged 49 years.

Christopher Brenner, class '06, died at Oklahoma City, Okla., March 3, aged 38 years.

Robert Alfred Moore, class '91, died at Durham, N. C., February 18, aged 43 years.

James Edwin Harris, class '86, died at Baltimore, Md., April 8, aged 49 years.

Jacob L. Noble, class '76, died at Preston, Md., April 29, aged 63 years.

Joel B. Yingling, class '78, died at Baltimore, Md., April 14, aged 66 years.

Charles F. Nichols, class '87, died at Vienna, N. Y., April 4, aged 47 years.

Hiram H. Gunby, class '55, died at Crisfield, Md., April 9, aged 80 years.

William Cowan Carson, class '56, died at Port Deposit, Md., May 14, aged 80 years.

John W. C. O'Neal, class '44, died at Gettysburg, Pa., April 24, aged 92 years.

Evans M. Myers, class '01, died at Bennet, Neb., April 29, aged 37 years.

Dr. Adolph Fain, Baltimore Medical College, class of 1900, is located at 1006 Hasley street, Brooklyn, N. Y.

Dr. Frederick R. Devine, class of 1913, has taken a position at St. Joseph's Hospital, Providence, R. I.

Prof. L. Ernest Neale, class of 1881, has removed from 108 E. Read street to 822 Park avenue.

Dr. Hamilton J. Slusher, class of 1913, will practice at his home, Floyd, Va.

Dr. Albert H. Carroll, class of 1907, after taking a post-graduate course this spring at the Johns Hopkins Hospital, will spend two months in special study in Europe. Dr. Carroll has been appointed assistant secretary of the Medical and Chirurgical Faculty.

Dr. Clyde H. Hemphill, class of 1913, will be at the University Hospital.

Dr. Frederick L. McDaniel, class of 1913, has accepted a position at St. Joseph's Hospital, Baltimore.

Dr. J. Holmes Smith, Jr., class of 1905, U. S. Public Health Service, is on duty at the hospital connected with the Ellis Island Immigrant Station, New York Harbor.

Prof. Thomas C. Gilchrist, professor of dermatology, recently sailed for London, where he will take part in the Seventeenth International Congress, which meets in London August 6-12.

Dr. V. E. Edwards, class of 1913, will practice at Stokesdale, N. C.

Dr. Manly C. Smith, class of 1913, will practice in Simpsonville, S. C.

Dr. John I. R. Krozer, class of 1848, of 622 W. Lexington street, this city, has the honor of being the oldest living alumnus. He will celebrate his 86th birthday in August.

The following are assistant resident physicians in the Maryland Tuberculosis Sanatorium at Sabillasville: Drs. Walter H. Mayhew, class of 1901; Raymond G. Hussey and W. C. Marett, class of 1911.

Dr. Guy Steele, class of 1897, of Cambridge, Md., and Dr. Gordon Wilson, professor of clinical medicine, of 1318 N. Charles street, are members of the Board of Managers of the Maryland Tuberculosis Sanatorium.

Miss Mary Constane Wiggin, University Training School for Nurses, class of 1910, U. S. Naval Nursing Corps, has been transferred from New York city to Newport, R. I.

Dr. W. J. Riddick, class of 1905, Assistant Surgeon, U. S. Navy, formerly of Washington, D. C., has been transferred from the U. S. S. Wheeling to Marine Expeditionary Force.

Dr. H. E. Jenkins, class of 1905, Assistant Surgeon, U. S. Navy, formerly of Washington, D. C., has been transferred from the U. S. S. Nashville to Marine Expeditionary Force.

Dr. John S. Fulton, class of 1881, secretary of the State Board of Health, stated recently that smallpox at the Hospital for the Negro Insane, Crownsville, Md., was under control and practically over, and that no new cases would be received until the disease had been entirely eradicated at the hospital.

The commencement exercises of St. John's College were held in the college gymnasium at 10.30 o'clock, June 19, 1913. There were 23 graduates, Calvert Magruder of Annapolis being the honor man of the class.

Dr. Gideon Timberlake, associate professor of genito-urinary diseases, has been appointed upon the staff of St. Agnes' Hospital as genito-urinary surgeon.

Dr. Eugene N. Jones, Baltimore Medical College, '96, of Kensington, Montgomery county, has announced his candidacy for the State Senate to succeed Senator Blair Lee.

At the commencement exercises of St. John's College, June 18, 1913, the honorary degree of Master of Arts was conferred on Dr. Nathan Winslow, class of 1901, clinical professor of surgery.

Dr. Minor Gibson Porter, class of 1886, and family are occupying their new home on Roland avenue, Roland Park.

Dr. Philip S. Field, class of 1852, was the oldest alumnus present at the annual meeting of the Alumni Association.

We are in receipt of the following letter from Dr. L. B. LeGro, Baltimore Medical College, class of 1905, of 50 Merrimack street, Haverhill, Massachusetts:

"Dear Dr. Rowland:

"Find enclosed my ante for the ensuing year. Of course, we all feel very badly to lose our Alma Mater, but I think you can rely on the B. M. C. alumni doing all it can for the new university.

"Wishing you prosperity, I remain,

"Very truly,

"L. B. LeGro."

Dr. Randolph Winslow, class of 1873, professor of surgery, is making an extended trip through the West. The last we heard from him he was at Spokane, Wash., where he saw Dr. A. Aldridge Matthews, class of 1900, formerly superintendent of the University Hospital.

Dr. Edward A. Looper, class of 1912, left for Denver, Col., July 4 to take a post-graduate course in ophthalmology at the University of Colorado. He will return about the first of November.

Dr. William T. Chipman, class of 1912, and Mrs. Chipman are located at 140 Palmer avenue E., Detroit, Mich, where Dr. Chipman has a position with the American Car & Foundry Co. Mrs. Chipman was formerly Miss Ruth Elizabeth Berlin, University Training School for Nurses, class of 1911. We were glad to hear from Dr. and Mrs. Chipman, and trust that they will be very happy in their new home.

Dr. Horace M. Simmons, former editor of The Hospital Bulletin and the *Maryland Medical Journal*, and later associated with the *Hygienic and Dietetic Gazette*, and Mrs. Simmons are spending some time in California. At present they are stopping at 5971 Chula Vista Way, Los Angeles.

BIRTHS

To Dr. Roscoe Drake McMillan, class of 1910, of Red Springs, N. C., and Mrs. McMillan, June 11, 1913, a son—Roscoe Drake, Jr.

MARRIAGES

Dr. Claude C. Smink, class of 1909, of Lauraville, Md., to Miss Sarah Lillian Long, class of 1910, University Hospital Training School for Nurses, of Westover, Md., at Westover, June 30, 1913. After a short wedding trip, Dr. and Mrs. Smink will reside at Lauraville, Md.

Dr. Frederick H. Vinup, class of 1909, of 1221 Hollins street, a City Health Warden, to Miss Marie Belle Murchison, class of 1910, University Hospital Training School for Nurses, of La Grange, N. C., at Westminster, Md., June 12, 1913. After a short wedding trip to Atlantic City, Dr. and Mrs. Vinup will reside at 7 North Carey street, this city.

Dr. George S. Everhart, class of 1897, of Hanover, Pa., to Miss Edith Phreaner of Hagerstown, Md., at the Belvedere, Baltimore, June 4, 1913.

Dr. Frederick De Sales Chappelear, class of 1904, of Hughesville, Md., to Miss Katharine P. Hughes of Washington, D. C., at the Cardinal's residence, Baltimore, June 3, 1913.

DEATHS

Dr. Evans M. Myers, class of 1901, died at his home in Bennett, Neb., April 29, 1913, aged 37 years.

Dr. Benjamin F. Shipley, class of 1883, of Ellicott City, Md., died at his home, near Alpha, June 13, 1913, aged 69 years.

Dr. Eugene Lee Crutchfield, class of 1887, a fellow-member with President Woodrow Wilson of the Johns Hopkins Glee Club, died at his home, 1221 E. Preston street, of pneumonia, July 12, 1913, aged 50 years. Dr. Crutchfield was much beloved by all who knew him, and as a token of

the respect and esteem in which he was held, we publish the following article by Mr. Henry E. Shepherd:

"THE LATE DR. CRUTCHFIELD."

"The passing from us in the flower of his manhood of Dr. Eugene L. Crutchfield is worthy of more notice and more detailed comment than it is possible to embody in the mere formal announcement of death through the columns of the daily press. My personal relations with Dr. Crutchfield began during his early days when a student in the City College. In later years I had occasion to follow his development in his special sphere, the complex and ever-broadening field of medical science. Rarely have I known a more assiduous and devoted student, one whose discernment was finer or whose grasp of his subject was firmer or more abiding. Nor does this generalization apply to his professional vocation alone, for in the esthetic and spiritual phases of culture, such as music and literature, his taste was discriminating and his acquirements accurate as well as comprehensive.

"For long years his life had been an unresting struggle against disease and acute suffering. The end came quickly, but was not unforeseen or unlooked for.

"One moment here, the next he trod
The viewless mansion of his God.

"To the true Christian death in this form is the ideal euthanasia."

BOOK REVIEWS

DISEASES OF THE EAR. By Philip D. Kerrison, M.D., Professor of Otology, New York Polyclinic Medical School and Hospital; Junior Aural Surgeon to the Manhattan Eye, Ear and Throat Hospital; Aural Surgeon to the Willard Parker Hospital for Infectious Diseases, and to the Polyclinic Hospital; Member of the American Laryngological, Rhinological and Otological Society; of the American Otological Society, and of the New York Otological Society and the New York Academy of Medicine. 331 illustrations in text, and two full pages in color. Philadelphia and London: J. B. Lippincott Company. Cloth, $5 net. 1913.

Our knowledge of diseases of the ear have made such marvelous advances during the past decade that it has been almost impossible for a busy man to keep abreast of the times. Besides, the literature is so scattered through the journals that a great amount of time is lost in looking up the desired information. In order to obviate this, Kerrison has brought together the established facts in one volume. His wide experience in the hospitals of New York has afforded the writer exceptional material from which to collect his data and draw his conclusions, as well as to qualify him for the task. In the nearly 600 pages, well interspersed with excellent illustrations, the writer has systematically taken up the subject from every angle. He first thoroughly discusses the anatomy and physiology of the sound-conducting apparatus, then enters into the proper methods of making a physical examination of the patient, including functional examination of the cochlear apparatus (hearing tests, air conduction and bone conduction of sound, normal hearing distances for the watch tick, the acoumeter, the conversational voice and whisper), etc., diseases of the external ear, tympanic diseases, the subjective symptoms of aural diseases, acute inflammatory diseases of the Eustachian tube, middle ear and mastoid process, chronic non-suppurative diseases of the middle ear, the anatomy and physiology of the labyrinth, inflammatory and suppurative lesions of the labyrinth, symptoms of intracranial disease secondary to aural suppuration, surgical operations for the relief of suppurative lesions of the middle ear and mastoid process, myringotomy, mastoidestomy, the radical operation, ossiculectomy, labyrinthectomy, the radical labyrinth operation, surgical drainage of the labyrinth, surgical treatment of infective sigmoid sinus thrombosis, surgical treatment of intracranial lesions, facial paralysis, congenital anomalies of the auricle, non-suppurative diseases of the labyrinth, Salvarsan in the treatment of aural disease, serum therapy in the treatment of aural disease, aural disturbances due to dental lesions, deaf-mutism, naso-pharyngeal adenoids, aural disease in relation to life insurance.

When one considers the new field recently opened up by the successful investigation of the labyrinth, the new light upon syphilitic lesions of the labyrinth and auditory nerve, and the uses of vaccines in aural affections, then only can one appreciate the opportuneness of the present vol-

ume. All of these subjects and a host of others have only lately been placed upon a scientific basis by the otologist, and it is with these that the book chiefly deals. However, for those who are interested in the operative aspects of otology, the author has amply provided a multitude of operations recommended by the acknowledged authorities of the day. A particular feature of this portion of the book is the serial illustration, indicating step by step the actual operative technic. Another noteworthy feature is the simplicity of the diction, which renders the book available to both general practitioner and student purposes. It is a much-needed addition to the literature on otology, and we take great pleasure in recommending it to our readers.

BLOOD PRESSURE IN GENERAL PRACTICE. By Percival Nicholson, M.D. With seven illustrations. Philadelphia and London: J. B. Lippincott Company. Cloth, $1.50 net. 1913.

During the past decade the general practitioner has come to a thorough realization that he must be acquainted with blood pressure technic if he is to be considered an up-to-date physician. Moreover, by a knowledge of the blood pressure many cases of impending apoplexy can be prevented. In order to better acquaint the profession with the technic of blood pressure as well as to point out the many pitfalls and to simplify matters, Nicholson has issued a brochure on the subject which is of more than ordinary merit. Here the doctor finds a book of practical utility, a book based upon practice, not theory. Besides a thorough discussion of the varieties of blood-pressure apparatus, the author has gone thoroughly, but concisely, into the diseases in which the blood pressure is affected. In order to simplify matters, the diseases in which blood-pressure changes occur have been arranged alphabetically under the headings of hypertension and hypotension. For the purpose of the general practitioner and student nothing so practical, so simple, so necessary to an intelligent understanding of vascular derangements has come to our attention. It is certainly a much-needed addition to medical literature, and should prove more than acceptable to the profession.

DISPENSARY REPORT OF UNIVERSITY HOSPITAL, APRIL 1, 1912, TO APRIL 1, 1913.

Department.	New Cases.	Old Cases.	Total.
Surgical	1,977	5,397	7,374
Medical	1,204	2,870	4,074
Genito-urinary	574	3,055	3,629
Women	643	1,614	2,257
Nerve	262	1,755	2,017
Eye and Ear	587	1,269	1,856
Childern	437	1,246	1,683
Stomach	403	1,168	1,571
Throat and Nose	463	1,023	1,486
Skin	324	874	1,198
Tuberculosis	391	637	1,028
Orthopedic	100	288	388
Rectal	53	123	176
	7,418	21,319	28,737

Grand total, 28,737.

JOHN HOUFF, M.D., Dispensary Physician.

LABORATORY REPORT OF THE UNIVERSITY HOSPITAL, MONTH OF JUNE.

BLOOD EXAMINATIONS.	
Leucocytes counts	320
Erythrocyte counts	120
Differential leucocyte counts	80
Hemoglobin determination	120
Coagulation time	15
Smears for malarial parasites	22
Blood cultures	38
Widal tests	33
Wassermann tests	63
Luetin tests	36
Gonorrhea comp. fixation	8
URINE EXAMINATIONS.	
Chemical and microscopic	450
MISCELLANEOUS.	
Gastric contents	49
Feces	91
Sputum	62
Bacterial cultures and smears	95
Vaccines	11
Spinal fluid examinations	13
Sections of tissue for microscopic examination	38
Frozen sections	8

THE HOSPITAL BULLETIN

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RADICAL AND CONSERVATIVE MANAGEMENT OF SOME OBSTETRIC PROBLEMS IN GENERAL PRACTICE.*

By Roscoe D. McMillan, M.D. (1910).
Red Springs, N. C.

It is not my purpose in this article to take up in a categorical manner the various obstetrical problems encountered by the general practitioner, but merely to select from this broad field a few of the questions involving doubt and uncertainty which so often confront us.

First, in regard to the country midwife. So much has been said upon this great evil, and absolutely nothing done by our profession toward its elimination, that only a few words will suffice to pass it over. Our last General Assembly provided us with the vital statistics law. This, in my opinion, will lessen to a great extent the midwife problem, as these statistics will show the number of cases delivered by midwives and by physicians; the number of deaths of mothers and of children, the appalling effects of ophthalmia neonatorum, or what not. This, I think, will be the greatest help toward educating the public as regards elimination of the country midwife, the greatest menace to the general public in our State today.

The demands made on the general practitioner in this branch of medicine make it one of the most tedious, painstaking and difficult branches of our profession, not only in this light, but sociologically as well. I mean we, as physicians and guardians of public health, can do much to lay the foundation for much encouragement along this line. Preventive medicine is one of the highest aims for which we are striving in this scientific age. It is a well-known fact that we all live too lavishly, eat and drink to excess. This brings us to another problem, that of early and late marriage. Encourage early marriage by all possible means. We all know a woman has a much easier time if she bears her first child before she is 26 years of age. After this age the dangers to mother and child are, as a rule, greater. In this country the marriage age is too high. The young man spends his money lavishly on high living and puts off marriage, time passes on, he contracts a case of gonorrhea, thinks he is cured, marries, innocently transmits it to his wife, and she lives a life of misery the remainder of her days. Encourage early marriages, and require a medical certificate from the man before he is allowed to marry any woman. If some of these things were gone into more deeply, the great problem of radical and conservative obstetrics would not be so large a field as it is.

While it may be true that the management of normal labor demands but little knowledge of obstetrics, and that childbirth, under most circumstances, will terminate favorably, it is nevertheless true that nothing but a thorough knowledge of obstetrics will qualify a physician to meet the difficulties that arise from time to time in the practice of this branch of medicine. Progress in this specialty has advanced in the last few years to such an extent that no condition arising from pregnancy, labor or parturition is without a remedy. I do not say that the proper thing is always done, or that any of us are so skilled as never to fail. We have all met conditions that were trying in the extreme, and have found it necessary to do the best we could under unfavorable circumstances. Often we have looked back on some of these cases with considerable regret.

Emergencies, such as hemorrhage, serious symptoms of toxemia, eclampsia, dystocia and others are often encountered under circumstances giving no opportunity to do aseptic surgical work,

*Read before the Medical Society of the State of North Carolina at Morehead City, N. C., June 18, 1913.

as compared with a well-equipped operating-room, with trained assistants. In all obstetrical procedures asepsis is the ideal method to be followed in the management of any case, not only asepsis, but antisepsis as well, for we are dealing with a field immediately proximal to the birth canal that cannot be sterilized and cannot be kept clean at all times.

Of great importanec to the present, as well as future welfare, of the patient is a correct diagnosis of the presentation and position of the foetus and the relation of its size as compared with the mother's pelvis. Obstetrical diagnosis is of far greater importance and far more worthy of serious consideration than is given to it by most physicians in general practice. If more attention were given this, the damage to infants and mothers would be greatly lessened. Also such complications as dystocia, malpresentation, malposition, placenta praevia, symptoms of toxemia, etc., would be recognized early enough to permit removal to a well-conducted hospital, not as a last resort, but in ample time. This can only be done by careful observation of our patients and making correct and early diagnosis.

I venture to say that the majority of physicians in general practice do not like obstetrics; the remuneration is comparatively small for the patience and skill required. As a result, a great many physicians take obstetrical cases with the sole object of retaining the family practice. They do not appreciate the responsibility; they do not study their cases enough to have any apprehension of trouble. They go on and on until some unthought-of complication suddenly arises that demands presence of mind and skill far beyond that possessed by the average general practitioner.

To what extent shall we be radical, and to what extent shall we be conservative in the application of forceps? This sometimes taxes the skill of the physician to the utmost. It is not easy to select the right time to interfere, knowing so well that Mother Nature is the best doctor we have. It has been said that we should wait to see what the woman is able to accomplish, not what she is able to endure. If we wait until the signs of danger to the mother or child are present, very often the damage has already been done. It is a shame to let a woman suffer many hours in the second stage, waiting for the danger signs to appear. I have made it a rule when the head has descended well on the perineum and makes no progress for two and one-half hours to apply forceps. Watch carefully the occipto-posterior presentations. Leave them to nature as long as possible. When you are sure rotation of the head is arrested, prompt delivery by forceps is indicated, remembering when the head is arrested at the superior strait, version and extraction should be resorted to.

Next comes the large number of complications which affect the mother, and secondarily the child. Eclampsia, pneumonia during labor, infection during labor, tuberculosis, edema of the lungs, placenta praevia, prolapse of the cord, all are clear-cut indications for forceps.

Scientific obstetricians, even if they allow theoretical teachings to influence them in their other cases, will admit that safety to mother should take precedence over safety to child when it is possible to save but one, and that only at the expense of the other.

Deficient Uterine Contractions.—While I admit this does occur occasionally, it is not so serious. The contractions may weaken at times, indeed, may cease entirely, only to rest awhile and return with renewed activity if given time; only rarely does it give sufficient trouble to justify forceps.

Every case of contracted pelvis is a law unto itself, demanding its own particular consideration. Someone has said: "Forceps fit the contracted pelvis like the fist on one's eye."

A marked contraction of the pelvis has but one indication, Caesarian section. The lesser and more moderate degrees puzzle the obstetrician greatly, and not all agree as to the best course to pursue. Occasionally success follows the use of forceps and a living child is dragged through a cramped pelvis. This, however, is bad obstetrics, even if the child lives; it is usually the recipient of some permanent injury, and perhaps dies in a few days.

Lastly, I beg you watch your obstetrical cases more carefully, if you see and recognize these cases of pelvic contraction or complications, whatever they may be, early enough that something may be done to save many valuable lives that go to their death annually on account of careless obstetricians.

THE PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN.

By Dr. Ernest Seth Bulluck (Class of 1911), *Wilmington, N. C.*

That tuberculosis should be prevented needs no stronger argument than that it is the most frequent of all diseases, causing the death of one in every eight persons. Our country pays a tax of $200,000,000,000 yearly because of the ravage of this scourge, and in the same length of time as many people die of it as were killed on both sides during the four years of our Civil War. The fact that almost every person is at some time in their life infected with this disease is evidenced by the results of 1300 autopsies held on subjects over 40 years of age which showed the presence of tuberculosis, either healed or active, in 97 per cent. of them.

If the disease is hereditary, as was previously thought, its prevention would be well-nigh impossible. On the contrary, its presence in the human race depends upon the introduction of the specific germ into the body from an outside source. This occurs by means of food and in various other ways. Those coming most directly under the control of the teacher are air infection, the variety which is by far most frequent.

The most potent way of polluting the air is by spitting and through the droplets that are constantly thrown from the mouth while talking, sneezing and coughing. To illustrate this, talk before a mirror and notice the innumerable droplets which accumulate. When closer than four feet these droplets are constantly interchanged and inhaled by those who stand this near.

A moderately advanced consumptive throws off daily in the sputum about 150,000,000,000 organisms, and the control of these is the teacher's problem; for every schoolroom of moderate size must contain more than one tubercular pupil. So long as the sputum is wet these organisms are held captive by the fluids, but when it dries the germs are hurled into the air by drafts and are then inhaled, finding lodgment on the fertile disease beds that line the throat and lungs. By the time the sputum has dried most of the organisms have died, but a host remains active. In cool dark places the organisms may live for months, but as a rule they lose, after 8 or 10 days, the power of infecting through the usual channels. If the spread of the disease was not held in check by some such means, with our present effort we could not hope to perpetuate the human family more than one generation. As a further aid to human protection it is gratifying to know that the tubercular germ does not multiply while living without the body.

Every child must expectorate at some time, and many children do so very often during the months when colds are most prevalent. To these children the schoolroom offers three alternatives: one to swallow the sputum as it is raised; if a child is tuberculosus this leads to infection of the digestive tract, imposing great injustice upon the child, who is ignorant of this danger. Another child, instead of swallowing the sputum, would expectorate on the floor or in a corner—a practice exceedingly common among many school children. A third child will expectorate in his handkerchief, which is then returned to a dark pocket and soon becomes dry. To use the handkerchief again, it is drawn from the pocket, flourished through the air en route to the face, showering the tubercular organisms into the air, which must be breathed by those nearby.

The sputum source of danger can be best controlled by the use of cuspidors. A more efficacious, but a less practical, way is by the use of the individual sputum cups with which all are familiar. The cuspidors should contain a 5 per cent. solution of carbolic acid—or better still, a solution of lysol, which dissolves the mucus and more readily attacks the bacilli. These solutions require about 24 hours to kill the organisms. By the time the cuspidors are to be emptied the germs are of little danger. Further, the fluid prevents the drying of the sputum and pollution of the air. The number of cuspidors should be sufficient to allow their use without permission, the child being allowed to walk a few steps to expectorate. Some of the more virile organisms will escape these precautions. A moderately large number of germs is necessary to cause an infection, so if the child's health is sufficiently good, the lungs are able to resist the attack of the undestroyed organisms.

A child spends about one-fifth of its daily life in your schoolroom; therefore, this should be conducted with a view to health and comfort. The room should have the largest possible number of windows consistent with its dimensions. They should begin about four feet from the

floor, extending as high as possible toward the ceiling. The total area of the windows should be equal to at least one-eighth of the floor space; for each person an allowance of 250 cubic feet of air space should be made. If the window area and the allotted air space for each pupil is less than it should be and its control beyond your power, the difficulty must be overcome by proper ventilation. If the windows are so arranged that their opening will make those near by uncomfortable, this may be prevented by the use of stove pipe ventilators. They are cheap and direct the incoming air in the proper direction, that is upward, where the expired air finds its way outward through the lowered sash. If the entrance for the air is larger than the exit, the draft will be lessened. If each window is provided with two shades, it will allow the entrance of light and exclusion of the sun from the scholar's book.

During recess the windows should be opened. Twice a day at proper intervals, the windows should be raised; the children standing by their desks should go through some simple exercise with the arms and legs. The time required from the opening to the closing of windows is less than five minutes. Aside from doing much for the health it arouses the pupil and favors attention. Following the exercises the chill of the room is not felt and it quickly regains its heat. A temperature of about 70 degrees is conducive to the best work, if warmer than this the children become languid and the clothes that make them comfortable outside now cause them to perspire.

A vessel of water should always be near the source of heat; this will afford moisture for more comfortable breathing. The walls of the room should be white and this coating renewed at least once a year. The chalk dust should be wiped away daily with damp cloths. The floors should be wiped and re-oiled once a week.

Some of you may think these suggestions are impractical for your school, but should you make continuous effort in this direction you would be surprised at your success. For instance, you might obtain permission and with the help of your school children cut down the trees that obstruct the sunlight; for few things are so destructive to the cause of tuberculosis as the direct rays of the sun.

That faulty positions may not be assumed, the children should be seated according to size, not scholarship. The desks should be one inch higher than the elbows—the seat at least eight inches wide and built at such a height that when the legs are at right angles the feet will rest firmly on the floor. It is not wise for children to enter school before the age of seven, and for the first few years their instruction should be confined to the classroom. During these early years the period of confinement should be about three hours; later, this period may with impunity be extended to six hours. Only a small amount of work should be assigned to be done at home, for the present method of making pupils do most of their work out of school is detrimental to health.

If the following "health rules" were printed and tacked upon the wall they could be copied and learned. These could be better understood if you would explain just why each precaution should be taken. As an expression of strength and manliness many boys expand their chests and allow others to strike them with full force, the frequency with which such blows are followed by tuberculosis makes one shudder. These boys are ignorant of this danger, but you know it and should tell them of it.

HEALTH RULES.

1. Health is wealth.
2. Do not put pins in your mouth.
3. Do not hold money in your mouth.
4. Do not put your hands in your mouth.
5. Do not put pencils in your mouth or wet them with your lips.
6. Do not wet your finger in your mouth when turning the leaves of books.
7. Do not put anything into your mouth except food and drink.
8. Do not spit on your slate or on the floor or sidewalk.
9. Do not pick your nose or wipe it with your hand or sleeve.
10. Keep your face, hands and finger nails clean.
11. Keep the interior of your body clean by allowing nothing to go into it excepting food and pure drink.
12. Do not keep your rubbers on in the schoolroom.
13. Do not sit with wet feet or damp clothing; resort to the stove or register until they are dry.

14. Do not swap parts of apples, candy, chewing gum, half-eaten food, whistles or anything that is to be put in the mouth.

15. Never cough or sneeze in a person's face. Turn your face to the side and hold a handkerchief before your mouth.

16. When drinking rinse out the cup, and empty what water you leave into a wash basin or sink.

17. Breathe only fresh air day and night; simply avoid draughts.

18. Breathe, sit, stand and walk correctly. In so doing you will do more to prevent consumption than all the physicians combined. A good pair of lungs is the most efficacious barrier to this disease.

19. Go to bed early, rise early and take a moderate amount of physical culture.

20. Study the physiology—to know how to use rightly and take proper care of every part of the body.

The probability of tubercular infection is greatly increased by certain diseases, notably pneumonia, influenza, diphtheria, scarlet fever and measles; the last-named is very important, for during its course and some time after, all resistance to tuberculosis is lost. Long-standing colds should always be looked upon with suspicion and followed by appropriate suggestions.

During your visits discuss clothes with the mother. Flannels are best worn next to the skin; they absorb moisture, hold heat and absorb less odor than other materials. Bear in mind that too much clothing may be as harmful as too little. During these talks, find how much assistance the parents give in the work of their children, and if too much or too little, tell them of it.

If the child be over active and uses the afternoons for the preparation of his lessons that his nights may be spent in pleasure or reading, the parents should be shown that after remaining at school for the best part of the day mental relaxation is needed and the child should be encouraged to spend his afternoons in play. At night, with rested mind, the lesson will come easier; reading in a properly lighted room is without harmful effect upon the eyes.

Of the suggestions that have been offered, none are beyond the means of the poorest school district, and these conditions may be obtained by every teacher who has the interest and the energy to work for them. The application of these suggestions, together with those that occur to you, will, with sincere work assisted by the school committee and parents, bring you to the early realization of all your hopes; nor will your efforts pass unnoticed, for you will be a teacher such as the world is looking for and will pay well.

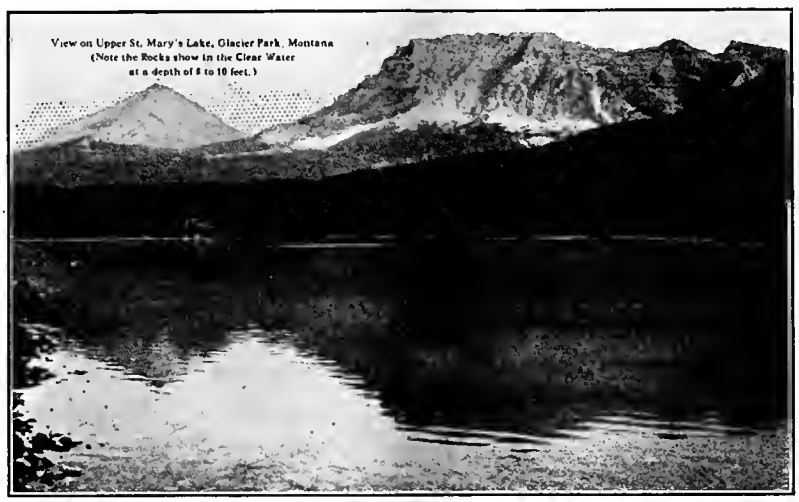
FROM CHESAPEAKE BAY TO PUGET SOUND AND BACK.

By Randolph Winslow, M.D.

1. To Minneapolis and Glacier National Park.

The American Medical Association met in Minneapolis, from June 17 to 20, this year. Leaving Baltimore on Saturday evening you reach Minneapolis about 8 o'clock Monday morning, and you have the choice of several different routes for the journey. The meetings of the Association were held in the buildings of the University of Minnesota, which were admirably adapted to the purpose, but were a rather long distance from the hotels. In order to overcome this handicap luncheon was served daily (free of cost) to the members and their guests on the campus and in the buildings of the University. Over 3200 members registered as in attendance, which was a large number when we consider the somewhat remote and isolated location of the place of meeting. The social diversions were numerous and enjoyable, and every effort was made to render the sojourn of the visitors memorable. The cities of St. Paul and Minneapolis are practically continuous and are known as the Twin Cities. St. Paul is the State capital and is a fine city, but has not as large a population as Minneapolis, nor is it as active a business center. Minneapolis is a beautiful city, situated on both sides of the Mississippi River, at the head of navigation. Within the city limits are several beautiful lakes, and nearby are other large and picturesque lakes. Lake Minnetonka is only a short trolley ride from the city, and offers an attractive waterside resort right at their doors. The population of the two cities exceeds a half million and is rapidly increasing. The University of Minnesota is located at Minneapolis, and is said to be the richest seat of learning in the world. It has a magnificent campus, which is being developed on artistic lines, and many and beautiful buildings. About 6000 students are in attendance. It was a

pleasure to meet several graduates of the University of Maryland in this far-off country, who have succeeded in gaining substantial recognition in their professional work. Dr. F. W. Schlutz and Dr. W. R. Humphrey, both of the class of 1902, are successful practitioners in their respective communities. After an enjoyable sojourn of five days in Minneapolis the writer entrained at 11.20 P. M. on June 20, on the Great Northern Railroad, for Glacier National Park. Two nights and a day bring you to Glacier Park Station. The country traversed after crossing Minnesota is not attractive. First we journey through the well-cultivated, rolling, but almost treeless prairies of North Dakota, with small farmhouses and huge barns, and then across the barren plateau of Eastern Montana, in which cultivated areas are few and far between, but where large droves of horses and cattle are pastured. As we approach Glacier Park we come into the reservation of the Blackfeet Indians and have many opportunities of seeing Mr. and Mrs. Lo in their own land. The Indians, however, are nearly all pretty well civilized, and usually wear the white man's clothing; in fact, many of the squaws dress handsomely. Glacier National Park is situated in the northwest corner of Montana and is about 1500 square miles in extent. While it has been resorted to by hunters and fishermen for some time, it has only been opened as a national park since 1910. It is the property of the United States and is maintained as one of the national playgrounds for the benefit of all the people. It is an excedingly rugged area, with lofty mountains, swift streams, beautiful lakes and numerous glaciers. There are 250 lakes, of varying sizes, and 80 glaciers. Tourists from the East disembark at Glacier Park Station, where there is a beautiful and modern hotel constructed of logs. Here one must outfit for the trip through the park, as all his baggage must be carried in a knapsack or in a pouch that can be swung from a saddle. While the days are comparatively warm, the nights are cool and heavy clothing is required, and either overcoats or sweaters are usually worn. From Glacier Park Station a good automobile road, 32 miles in length, has been constructed to St. Mary's Camp, which is a collection of Swiss chalets, where rude but comfortable accommodations are found. We are here in the wilds, and the roughest clothing is worn. St. Mary's Camp is one of many that the Great Northern Railroad has built for the entertainment of visitors. Swiss chalets, with usually one room, a huge fireplace, in which a blazing fire of logs is lighted at night, and four cots with heavy blankets, constitute the lodging quarters of the tourist. He washes his face in a tin basin, and the other accessories of civilized life are of the rudest character. His meals are partaken of in another rough building, and, though ample in amount, are plain in character. At most of the camps, however, fresh fish are served right out of the lakes and streams. The season was late this year and the most attractive trails and passes were covered with snow, so that it was not safe to attempt to cross them. This was especially the case with Gunsight Pass, which is the continental divide between the Atlantic and Pacific coasts. St. Mary's Camp is situated on the hillside overlooking one end of Upper St. Mary's Lake, and from here gasoline



UPPER ST. MARY'S LAKE, GLACIER PARK.

launches run regularly up and down the lake, a distance of about 10 miles. The ride from St. Mary's Camp to Going-to-the-Sun Camp is very beautiful. Lofty mountains surround the lake and come down to the water's edge, and there is usually a stiff breeze blowing and the spray dashes over the boat, requiring rubber coats or "slickers" for protection. Near the upper end of the lake, at the narrows, Louis W. Hill, son of James J. Hill, has erected a handsome summer home of the chalet type, and here also is the permanent camp, known as Going-to-the-Sun Camp, from its proximity to the mountain of the same name, which is one of the loftiest peaks in the park. To my mind this is the most attractive part of the whole reservation; the pretty chalets, situated on the hill overlooking the water; the sapphire-blue lake, surrounded by green-clad and often snow-capped mountains, combine to form a charming vista. Boating and fishing may be enjoyed, or one may take walks or rides over the mountain trails. I remained here over night, and in the morning, after an ample meal, took the launch back to St. Mary's. A young man was running the boat, who afterward addressed me by name, and said he knew me, as he had been employed by Dr. Compton Riely in Baltimore. From St. Mary's Camp to Many Glacier Camp is 24 miles by stage, over a rough road, and about 20 miles on horseback, over a still rougher trail. The party I was with wanted to take the trail, and I had to do likewise. A rough mountain pony and an elderly man, who has not ridden for some 30 years, do not make agreeable companions, and the most delightful time of the ride was when I dismounted at the end of the journey. The trail led through swift and icy-cold streams, which the horses could scarcely buffet, and over steep and thickly wooded slopes, where one was in danger of being swept from his horse by the branches or of slipping off backward. In fact, some of the party did have rather severe falls. Notwithstanding the difficulties and ills mentioned, the ride was a beautiful one and well worth the discomforts entailed. As we approached our goal the Grinnell glacier came into view. This enormous mass of ice is six miles in length and one mile in width, and is the source of the cold and swift streams previously alluded to. The air becomes chilly and clouds and fogs are common in the neighborhood of this glacier.

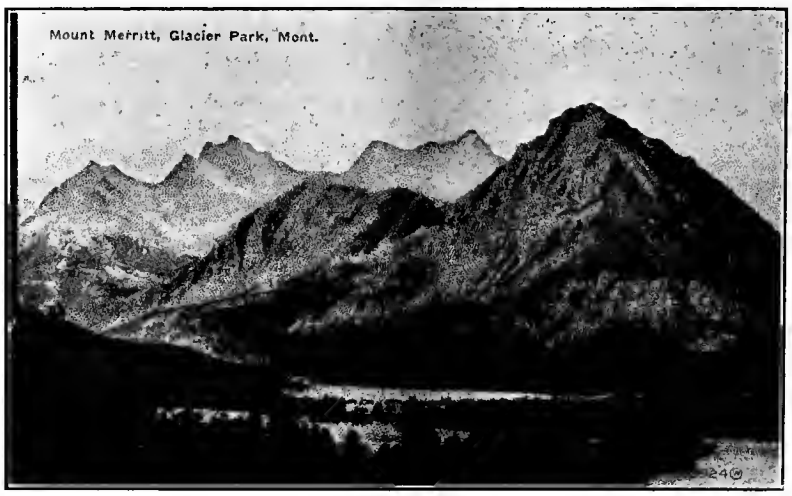
CROSSING SWIFT CURRENT CREEK.

Many Glacier Camp is situated near this glacier, on Lake McDermott, another considerable body of water betwen contiguous mountains. There is an extensive flora in this region, and the hillsides and dales are carpeted with brilliant-colored flowers.

Wild animals also abound in the park, as bears, deer, Rocky Mountain goats and big-horn sheep, but they do not molest human beings, and in turn they are not hunted. There are no permanent inhabitants in the park, since the Government has removed all squatters and Indians to other locations. We spent a night at this camp. The rain came down in torrents, but with roaring fires and merry jests the time was passed pleasantly until our tired bodies demanded rest. The next day we retraced our steps on horseback, but followed the road, a distance of 24 miles. In the middle of the day we stopped at the house of a

white man who was married to an Indian woman, and who had several very good looking sons and a daughter. Here we sat down to an excellent lunch, prepared by the Indian wife, and well served by herself and daughter. This family formerly lived in the park, but had been dispossessed, and were now located in the Indian reservation, just outside of the park. They had a very nice home, with carpets and good furniture, graphophone, sewing machine and many of the comforts and conveniences of life. The white man thought he had been badly treated by the Government and had entered suit for damages.

Reaching St. Mary's Camp, we took automobiles for Glacier Park Hotel, where we arrived about 6 o'clock in the evening, in time for a first-class dinner. After dinner we took the train for Belton, the western entrance to the park, 58 miles distant. Here is a good chalet settlement, besides other houses and stores, and we were well accommodated in a chalet with separate rooms and a bathroom. The next morning we took stage from Belton to Lake McDonald, a distance of 3 miles, over a good road and through thick forests. Reaching the lake, a launch was in readiness to convey us to Lewis' Camp, near the upper end of the lake. This is probably the largest lake in the park and is a beautiful sheet of water, well stocked with gamey fish. Lewis' Camp is called Glacier Hotel, and consists of many small cabins, with electric lights, a large dining pavilion and a hall for dancing. The electricity is generated by a mountain stream. This is a very comfortable as well as pleasant place at which to spend a vacation. The fishing is excellent, and boating, riding or walking to the nearby places of interest afford sufficient diversion. All of the camps in the park belong to the Great Northern Railroad except those on Lake McDonald, which were in existence before this area became a national reservation, and were well patronized even then. Mr. Lewis owns a considerable place here and is said to be a rich man. He is a collector of furs and skins, and in winter goes to Alaska to purchase these peltries. He has a large collection of skins, mounted animals, bones of the mastodon and other objects of interest. The return trip down the lake was pleasant, and the coach ride to Belton terminated our journeyings in the park. Another comfortable night was spent in our chalet, with a huge fire of crackling logs and good, soft beds with a-plenty of blankets on them, and the next morning, June 26, we again started toward the Pacific Coast and the sunset.



MOUNT MERRITT, GLACIER PARK.

I have been asked how Glacier Park compares with the Yellowstone. They cannot be compared. Glacier Park is a wilderness, rough and wild, of snow-topped mountains, beautiful colored lakes, most of them small; glaciers and cascades; the mountains and hills covered with fir, spruce, pine, cedar and birch trees in profusion. It is austere and somber, but beautiful and exhilarating. The Yellowstone Park is a museum of natural curiosities—wonderful, diverse and also entrancing. One cannot fail to realize that that earth's crust is very thin in the Yellowstone and that subterranean fires must be very near the surface, and to wonder if the whole area will not blow up some time. The Yosemite Valley Park is more like the Glacier, but is small in comparison and is much more parklike in appearance. One needs to see them all, as well as that gigantic

chasm, the Grand Canyon of the Colorado. They are all wonderful and sublime, but different, and each has its own individuality.

(*To be continued.*)

FAT EMBOLISM.

By William S. Walsh,
Junior Medical Student.

Of all forms of embolism that of fat is most common, but its importance relative to its frequency does not correspond, since, in the majority of instances, no symptoms are produced, and it is only in those rarer cases where the fat globules lodge in the lungs, brain or kidneys that the typical symptoms of fat embolism become manifest. It is of greater surgical than medical interest, for the severer forms are practically always the result of traumatism. It occurs only when the lesion is situated in tissues containing an abundance of fat (such as the medulla of bones, the subcutaneous tissues, etc.), when a vessel wall has been injured and when there is sufficient force to propel the fat into the open vessel.

From the literature on the subject the conditions which may give rise to fat embolism are many and varied. Thus, it has occurred after injury to the panniculus adiposus attending severe contusions, from hemorrhages into or rupture of the liver, as a result of acute inflammatory diseases of bones, from the forcible straightening of anchylosed joints, and from injury to the pelvic fat during childbirth. It has occurred after amputation of a carcinomatous breast in a fat woman, and has been demonstrated as having resulted from fatty metamorphosis of thrombi composed of endothelial cells and atheromatous blood plates. Yet the importance of the above conditions as causative factors of fat embolism is, all in all, minimal for the condition most favorable, and most frequently its cause is injury to the long bones. It very rarely, if ever, occurs in children, for the reason that the medulla of their bones contain but little fat.

Pathology.—The fat corpuscles first lodge in the capillaries of the lungs, and if present in only small quantities no serious disturbances may ensue, provided the heart action be strong and the patient be not debilitated by pre-existing disease. These globules are disseminated throughout the body in the circulation. When present in larger quantities, however, they may give rise to grave symptoms described below under the symptoms of lung, fat embolism. Post-mortem examination of the lungs in fatal cases reveals the capilliaries plugged by many fat emboli, pulmonary infarcts, hyperemia and edema. The alveoli are swollen and filled with erythrocytes, with fibrin and with large and small colorless corpuscles. If the patient survives the pulmonary complication, and the heart action remains strong, the embolic masses will be propelled into the general circulation to lodge in the various organs, particularly the spleen, liver, kidney, brain and cord.

In fat embolism experimentally produced in animals the following lesions have been noted:

Kidney—Glomeruli plugged by groups of fat cells; beneath the capsule many ecchymotic areas.

Liver—Passive congestion marked; fat cells within the acini and at their periphery.

Brain—Veins of the pia filled with dark blood; arteries empty or nearly so; hemorrhagic foci on cross-section; red blood cells in the perivascular spaces; emboli most abundant in the vessels of the pia and the retina.

Providing the case does not terminate fatally, the oil globules are disposed of by oxidation and saponification by the plasma, by the phagocytes, by the liver and by the kidney.

Symptoms.—The interval of time elapsing between the time of accident and the appearance of the first symptoms varies from a few hours to a number of days. The symptoms vary according to the organ or organs which are involved. The lung is most frequently the site of the emboli, and the symptoms are consequently those of pulmonary embarrassment, viz., rapid respiration, dyspnea and pallor, followed by cyanosis and failure of the circulation; the expectoration of bloody, frothy mucus, with the physical signs of pulmonary edema. The temperature may be subnormal, normal or elevated; the pulse is rapid; the pupils contracted. Many coarse râles are heard in the chest, but percussion gives a clear note. If these symptoms develop a few hours after the accident, they may be masked somewhat if the patient is also the subject of shock. Due to the emboli, pulmonary edema develops, which, as it increases still further, embarrasses the heart action.

Next to the thoracic complications, in the view-

point of frequency, are those of the cerebrum. The cerebral symptoms are due to a diffuse involvement rather than a localized embolus, and consist usually of delirium, somnolence, coma, hemorrhages and thrombosis. Localized paralysis, vomiting and general convulsions have been noted. In rare cases ecchymosis can be seen in the skin, mucous membranes or in the conjunctiva. By means of the ophthalmoscope a diagnosis can possibly be made by the appearance of the eyeground, which reveals hemorrhages, fat droplets in the vessels and a choked disk.

Diagnosis.—Fat embolism is most apt to be confused with shock, especially in the early stages. The following are the more important differential points in the diagnosis between the two conditions:

Shock:

Happens immediately after the accident.
Temperature subnormal.
Respiration shallow.
Patient pallid.

Fat embolism:

First symptoms do not appear for at least a few hours.
The temperature is normal or slightly subnormal.
The breathing is stertorous.
The patient is cyanosed.

Between the cerebral symptoms of fat embolism and those of ordinary embolism there is often much difficulty in differentiation. The following are the main points of value:

Fat embolism:

Pulmonary complications present.
Pulse rapid and weak.
Hemiplegia, monoplegia and convulsions rare.

Embolism, apoplexy and traumatic hemorrhage:

Most probably absent.
Pulse full, slow bounding, indication of increased cranial tension.
Focal symptoms (hemiplegia, etc.) present.

In both conditions there may be unconsciousness, coma, localized paralysis and convulsions preceded by an interval of consciousness.

Acute pulmonary affections of other origins need be differentiated from fat embolism. The prolonged administration of anesthetics may give rise to a chain of symptoms not unlike those of fat embolism. The history of the case, such as injury, the use of the ophthalmoscope, acute suppression of the urine, with the appearance of fat droplets in the urine, may be of benefit in arriving at a diagnosis.

Prognosis.—Cases of fat embolism, with severe symptoms, are most often fatal; milder cases are generally recovered from. In severe cases the condition may prove fatal in from three hours to seven days after the injury and in from 24 to 48 hours after the appearance of the symptoms; in mild cases the symptoms last but a few hours. A patient may have two or three attacks, while if the emboli come from an infected source the gravity of the condition is increased.

Treatment.—There is no specific remedy, and so symptomatic treatment must be relied upon. Absolute rest of the injured part should be insisted upon to prevent additional fat globules from entering the circulation. Stimulants should be administered to aid the heart, such as strychnine, alcohol, ammonium carbonate and digitalis. External heat may be employed; diuretics administered hypodermatically. Artificial respiration may tide a patient over a crisis. Oxygen may be of service both to aerate the blood and to oxidize the fat.

FRACTURES OF THE SKULL.

By E. Kilbourne Tullidge.

The skull is the mechanical protectorate of the brain and its anexia, and is divided by most anatomists into two parts: the cranium, derived from the Greek Χράνος, meaning helmet, and the face. The former consists of eight bones, namely, occipital, two temporal, two parietal, frontal, ethmoid and sphenoid, and is the division generally referred to when speaking of fractures of the skull. The latter is composed of fourteen bones and is rarely categoricalized under the general heading of fractures of the skull, the name of the bone injured being usually referred to as facture of the maxilla, of the nose, zygomatic process, etc. We will then only consider here those bones which help to comprise the helmet or true cranium, and in order to systematically speak of these we may conveniently divide them into three classes or groups—placing in the first group fractures of the vault, in the second fractures of the base, and in the

third those fractures complicating both base and vault.

The vault is the most frequent seat of injury being caused by trauma, the bone giving away at the point of contact, causing a simple cracking or fissure. These frequently extend to and involve the base of the skull and are accompanied by considerable hemmorrhage. In such fractures the causative agent acts broadly upon the skull, causing the bones to over exceed their limits of elasticity, consequently modifying their shape and bruising their contents. Should the fissure remain localized in the vault and not complicate the base, it will usually be found to affect only the outer table, and when involving both the outer and inner tables extensive splitting of the latter may occur. A red line on the bone, which persists after sponging, is diagnostic of cranial fracture in practically every case.

In cases of trauma, where the force is consumed in breaking the bone at the point of impact, there is no general change in the shape of the skull. Under this localized impact the bone may give away, both its outer and inner tables being usually driven inward to cause a comminuted fracture. Several cases have been reported where the bones were driven outward. One of these cases I was fortunate enough to examine at the British Museum in London. The skull had been pierced by a rather large bullet fired through the roof of the mouth, and after ploughing through the cerebrum made its exit through the internal and external plates or tables of the frontal bone near the anterior fontanelle, fissuring the bone in several directions. Many of the splinters and pieces remained adherent and protruded outward.

The outer table may be injured without involvement of the inner, or the inner table alone may be depressed or broken, even extensively splintered without any involvement of its outer covering.

The most common form of fracture with depression is that in which several fragments, more or less of a triangular shape, have their points extensively driven downward and finally wedged into each other, while their bases still remain on a level with the surrounding bone; cracks or fissures involving the outer table frequently radiate from the depressed pieces. Fracture alone of the outer plate occurs so rarely that thorough examination, no matter what the condition, will usually show that although the outer plate or external surface alone appears fragmented, the inner plate will prove the involvement to be of a more extensive nature and of a greater degree, probably due to its brittleness, or, as Dr. Agnew has theorized "the greater curvature which it presents." These fractures are almost always compound because of the character of the causative agent, the skin yielding under it like the bone, thus placing it in the class known as compound comminuted, depressed fracture. In the treatment of such cases it is important to recognize the occurrence of fissures, the edges of the torn periosteum or a cranial suture being easily mistaken for them. The importance of recognition is due to the possibility of a more extensive lesion beneath and of infection.

When the bone is broken or depressed fragments must be raised and all the deep particles removed under antiseptic precautions. The wound should then be closed, after hemmorrhage has been controlled, a small opening being left for drainage purposes.

Circumscribed fractures of the skull, although not commonly met with, should be mentioned. The head may present a complete circular solution in the continuity of its bones. The bones may be divided into two lateral halves, which are freely movable. The ethmoid may be driven in by a blow on the nose, and many other such rare conditions may occur.

Fractures involving the base of the skull may also be fissured in nature, being continuations from vault fractures. The frequency of their occurrence may be usually shown in Aran's Law, "fractures of the vault pass to the base by the shortest route." Indirect fractures or fractures by contre coupe occur with a reasonable amount of frequency. The most common of these results from shock transmitted along the spinal column. The condyles of the lower jaw may also be driven through the roof of their socket.

Involvement of the anterior fossa may be caused by wounds through the nose or roof of the orbit, or radiate from fractures of the vault. Blood and spinal fluid may flow freely from the nose, the eyes may bulge and present a subconjunctival echymosis.

The middle fossa is the most frequently involved, the solution occurring through the petrous portion of the temporal bone, opening up

the middle ear and tympanic membrane. The seventh or facial nerve may be involved, and by continuation the fracture may spread to the middle meningeal artery and to the anterior fossa.

The posterior fossa when fractured results more fatally than either of the two just mentioned on account of its proximity to the medulla. The circular fracture or ring fracture occurring about the foramen magnum is a good sample. It may be caused by the impact of the skull through the occipital condyles upon the spinal column. Battle's sign, discoloration of the mastoid region, when obtained is indicative of fracture of the posterior fossa and is usually complicated by brain injury.

There is no specific treatment especially applied to fractures of the base. The area involved should of course be rendered aseptic if possible, the upper part of the nasal fossa being in the majority of instances always sterile. It is quite unnecessary to irrigate the nasal system, as the septic chances far exceed the aseptic ones, and as good results, even better ones, may be obtained by plugging it up with plain or iodoform gauze. The auditory meatus should be treated in a like manner when involved, and the patient placed at absolute rest and quiet in a dark room and special attention given to his assimilation and elimination process.

SIMPLE GANGLION AT THE WRIST.

By Edward H. Schott.

A simple ganglion is a cystic tumor of variable size occurring on a tendon and containing a straw-colored material.

Etiology.—Formerly it was thought to be a herniation of the synovial lining of joints or tendons. This theory, however, has been disputed by Ledderhouse, Thorn and Frenz, who have done a great deal of research work in this subject. They have come to the conclusion that a ganglion is a product of connective tissue degeneration. The connective tissue adjoining the joints or tendons becomes more cellular than usual, the proliferating tissue undergoing collagenous degeneration in foci here and there and forming small minute cysts, which later increase in size, fuse and form one large cyst. Ganglions are most common in adolescents, which is probably due to the many falls and bumps to which youth is heir. It sometimes disappears spontaneously.

Symptoms.—Pain, if present, is slight, but is generally absent. A feeling of weakness is experienced in the wrist upon grasping heavy objects. On inspection we see a tumor attached to the subjacent structures. The tumor is usually immovable except sideways, but the skin moves freely over it. Upon palpation a fluctuation may be detected.

Treatment.—The simplest form of treatment is to place the wrist against something firm and then apply sudden force as by hitting with a book or some other hard object, which will cause the cyst to break and the fluid will be absorbed by the surrounding structures. It is well to apply a tight bandage or pad to the wrist to keep it from filling up again. Another method is to puncture the cyst with a tenotome and let the fluid come out at the side of the knife. The best method is to excise the cyst under aseptic conditions and dress it with sterile gauze and bandage. These cysts have a great tendency to recur, so persons having had them should be very careful not to injure their wrists.

The following is the list of resident medical students at University Hospital for the ensuing year:

C. W. Armstrong, C. C. Ayres, A. Balart, J. W. Blake, C. R. S. Bogart, T. R. Bradley, W. D. R. Brandon, H. W. Byers, J. C. Caldwell, H. E. Clark, A. S. Coleman, LeC. Cook, G. B. Crist, T. McC. Davis, W. L. Denny, Jr., B. H. Guistwhite, C. S. Hassell, C. B. Hicks, E. L. Horger, C. C. Henderson, C. C. Hoke, R. L. Johnson, J. W. Katzenberger, L. M. Limbaugh, C. G. Love, J. F. Lutz, C. L. Magruder, C. H. Metcalfe, J. F. Munnerlyn, R. B. Norment, W. L. Richards, M. D. Smith, W. M. Stahl, H. Stein, G. L. Timanus, P. P. Vinson, F. M. Wilson, F. W. Wilson, J. F. Fenby, C. C. Habliston, J. R. Wanner, D. T. Williams.

Chief Judge Henry D. Harlan of the Supreme Bench has been elected dean of the Consolidated Law School of the University of Maryland and the Baltimore Law School. For some years he has been dean of the law department of the University of Maryland. The combined schools will be known as the Law School of the University of Maryland.

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE AUGUST 15, 1913.

THE MEDICAL CLASS OF 1881.

It gives us pleasure to add to the list of the members of the class of 1881 who have become professors in the University, the name of Dr. Charles O'Donovan, Jr.

Charles O'Donovan, Jr., graduated in 1881 and has practiced medicine in this city continuously since that time. He is the son of the late Dr. Charles O'Donovan and the grandson of the late Dr. John H. O'Donovan, both of whom were graduates of this school. Dr. Charles O'Donovan, Jr., received his A.B. from Georgetown University in 1878, and A.M. from the same institution in 1888. He was professor of diseases of children, Woman's Medical College of Baltimore, from 1894-99; and held a similar chair in the Baltimore Medical College from 1899 to 1913. Upon the merger of the Baltimore Medical College he became professor of clinical pediatrics and clinical medicine in the University of Maryland. He has been president of the Medical and Chirurgical Faculty of Maryland, and is a member of the Visiting staff of St. Joheph's Hospital. He is a prominent physician and enjoys a large practice. Loyola College conferred the honorary degree of LL.D. on him in 1912.

THE MEDICAL CLASS OF 1882.

We have written short sketches of the classes of 1873 and 1881 because of the close association of several members of each of these classes with the Faculty of Physic, and we now desire to call attention to the class of 1882 for the same reason. This class has been especially identified with the history of the University of Maryland, since three members of it are at this time connected with the institution as professors and another as an instructor.

Hiram Woods, Jr., was born in Baltimore in 1857 and has had a distinguished career. He graduated at Princeton College in 1879, in the same class with President Woodrow Wilson and Prof. Charles W. Mitchell, receiving the A.B. degree. Later he was admitted to the M.A. degree. Having chosen medicine as his life work, he entered the University of Maryland and received his M.D. in 1882. He soon began to specialize in eye and ear diseases and became associated with Prof. Julian J. Chisolm at the Presbyterian Eye, Ear and Throat Hospital. His rise in his specialty and in the profession was rapid. From 1888-1895 he was professor of eye and ear diseases in the Woman's Medical College of Baltimore; and upon the retirement of Professor Chisolm in 1895 he was made clinical professor, and in 1902 professor of eye and ear diseases in the University, in which positions he has been a great ornament to the school. He is deservedly popular with the students, as he is not only a lucid teacher, but a sympathetic friend of the young men with whom he is brought in contact. In addition to his large private and public practice and to the duties of his chair, he has held many offices of trust and honor, such as president of the Medical and Chirurgical Faculty of Maryland, and chairman of the section on ophthalmology of the A. M. A.

John Mason Hundley was born in Virginia in 1858 and received his primary education largely from his father, who was a clergyman of the Protestant Episcopal Church. He entered the Maryland College of Pharmacy in 1876 and graduated in 1878. He then followed the avocation of a druggist for several years, but determining upon a medical career, he entered the University as a medical student and graduated with first honors in 1882, having been the recipient of the University gold medal. He then settled in Baltimore as a general practitioner and succeeded in securing a large practice. His attention, however, began to be more and more directed toward gynecology as a specialty, and he soon became associated with Prof. William T. Howard as an

assistant and served under him for many years. He has filled the several positions of chief of clinic, associate professor of gynecology, clinical professor and, finally, professor of clinical gynecology. He is now an abdominal surgeon of wide repute and excellent skill—careful, painstaking and conscientious. He is also a valued teacher, laying especial emphasis on careful technique and accurate diagnosis.

James M. Craighill was born at Georgetown, D. C., in 1857. He is the son of the late General Craighill, chief of engineers of the United States Army. His academic education was obtained at the Episcopal High School, Alexandria, Va. He entered the University of Maryland in 1879 and graduated M.D. in 1882. During his student days he was epecially interested in anatomy and subsequently became an assistant demonstrator of anatomy. After graduation he was a resident physician at Bayview Hospital and later an acting assistant surgeon United States Army, seeing much hard service in the Northwest in 1882-83. Returning to Baltimore, he settled in general medical practice and has been an useful and honorable member of the profession. He has served as chief of the medical clinic, associate and clinical professor of medicine, and now has the rank and title of professor of clinical medicine. He is a progressive physician, a faithful officer and an absolutely loyal alumnus.

Henry Chandlee, the fourth member of the class of 1882 to be connected with the University, came to Baltimore from Kent county, Maryland. He has been a practitioner of medicine in this city for 30 years, but has been especially interested in X-ray work for many years. In fact, he was the first to take up the X-ray in this city and has become very expert in this line of work, as well as in general photography. He is now instructor in radiography and is the radiologist to the University Hospital, and by his invariable courtesy, his painstaking devotion to his duties and the excellence of his work he has become an invaluable member of the hospital staff.

THE PATHOLOGICAL ENDOWMENT FUND.

No effort has been made during the past month to increase this fund. Professor Winslow has been away and the weather has been too hot for effort of this character.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	230 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
Total subscriptions to Aug. 1, 1913	$10,630.17

NEW SUBSCRIPTIONS IN JULY, 1913.

Dr. Robert T. Wilson, 1881	$3 00
Dr. N. W. Hershner, 1906	25 00
Total	$28 00

WEALTH ALONE IS NOT AN UNALLOYED BLESSING.

The country has gone money mad and only sees good in those of large fortunes. This applies equally as forcibly to institutions as individuals. If a university is poor, the edict is it has no right to existence, though it may be doing a most meritorious work among the youth. Because a silly fad is taken up by a rich individual, corporation or institution does not make it right. Money never could and never will make right out of wrong. With money comes its evils. In institutions we see it manifested by a false standard of exclusiveness, the so-called fashionable schools, where democracy gives way to aristocracy and the poor boy is not welcome. It is hard to believe that our philanthropists founded institutions to create and foster a class spirit, for ability is not limited to any one strata of society, but is found in the farmer's boy as often as in the millionaire's son. Moreover, an impractical head of a wealthy institution may, and often does, institute the most nonsensical fads, which serve in the minds of some as the acme of scholastic development.

The poor institution, not having sufficient funds to take up the foibles of the day, is compelled to give an every-day, common-sense course, to which the rich and poor boy alike are welcome. It is the leavening ground of our complex society, and for this reason justifies its existence. An institution to justify its existence must give the nation men capable of doing something worth while.

A. G. Crandall, writing along this line in the *Monthly Cyclopedia and Medical Bulletin,* says:

"It is reported by the graduating class of a well-known Eastern university that the average expenses for the four-year course were $4200.

"A large number of benevolently disposed people have from time to time contributed to establish various endowment funds for different schools and colleges, believing that their generosity was likely to result in permanent benefits to struggling students for a long time to come.

"It is a significant fact that a struggling preparatory school with little or no endowment will often extend a much more cordial welcome to poor students than will be the case after the school has acquired sufficient endowment to place it in a position of comparative independence. The unfailing impulse under such circumstances seems to be to attempt to secure the patronage of a wealthy class of students, to raise the rates in order to provide an atmosphere of exclusiveness and to exhibit a diminishing degree of cordiality toward the class of students on whose patronage they depended at an earlier period. As proof of this statement it is only necessary to refer to the fact that the students' expenses at some of the most richly endowed preparatory schools and universities are 50 if not 100 per cent. higher than they are at some of the smaller institutions. Of course, the excuse is that the endowed institutions can provide greater advantages, but the fact remains that the graduates of the smaller colleges undoubtedly average fully as high in natural ability and in future usefulness as do the graduates of the institutions upon which gifts have been lavishly bestowed by people who felt that in doing so they were conferring privileges upon generations of students yet unborn.

"It is likely that there will be an increasing degree of curiosity manifested before long as to why the students' expenses at various private educational institutions should steadily increase in proportion as the endowment fund increases."

ITEMS

Dr. Wilfred R. Claytor, class of 1912, formerly an assistant resident surgeon of St. Joseph's Hospital, this city, is ill of typhoid fever at his home in Georgia.

Dr. W. Clement Claude, '75, of Annapolis, Md., Major, First Infantry, Maryland National Guard. who has been encamped with the regiment at Belair, has returned to his home in Annapolis. Major Claude is the ranking major in the First Brigade, Maryland National Guard.

Dr. Thomas Fell, provost of the University of Maryland, is spending the summer with his family at Skyland, Va. On July 17 a dinner was given in his honor. Ferns and yellow mountain lilies were the table decorations. A program of appropriate selections was rendered by a string orchestra. At the conclusion of the dinner a huge birthday cake was cut by Dr. Fell and distributed to the guests. Dr. Fell will return to his home in Annapolis in the early fall.

Dr. Louis McLane Tiffany, class of 1868, who has been visiting relatives in Boston, has gone to Magnolia, where he will spend the remainder of the summer.

Dr. John Turner, class of 1892, who has been visiting friends at Cockeysville, has returned home.

Dr. C. Urban Smith, class of 1889, of 817 Park avenue, is spending some time at Eaglesmere, Pennsylvania.

Dr. H. D. McCarty, class of 1905, of 37 W. Preston street, left recently for Beach Bluff, Massachusetts.

Dr. Kivy Pearlstine, class of 1906, of 49 George street, Charleston, S. C., has been elected clinical assistant in general surgery to the new Medical College of the State of South Carolina. He has also been one of the visiting surgeons to the Roper Hospital for the past two months, during which time he has had several interesting cases, among which was that of a colored man operated on for stab wound of the heart. The patient survived 28 hours. After exposing the heart, Dr. Pearlstine found it necessary to take five stitches. It is rare that a man has an opportunity to perform such an operation, and we wish that the outcome had been different.

We are glad to announce that Dr. H. M. Robinson, class of 1909, 2010 Wilkens avenue, Baltimore, has sufficiently recovered from an acute attack of nephritis, superinduced by an anesthesia for the removal of his tonsils, to resume his practice.

Dr. John C. Hemmeter, class of 1884, of 1734 Linden avenue, who is spending the summer at Hot Springs, Va., recently entertained the physicians at dinner. Covers were laid for 12. Dr. Hemmeter will return to his home in the fall.

Dr. Bennett F. Bussey, class of 1884, of Texas, Md., has announced himself as a candidate for the office of Register of Wills, subject to the Democratic primary. Dr. Bussey has many friends in the medical profession, and is a former president of the Baltimore County Medical Association.

During the recent encampment of the Maryland National Guard at Belair, Md., a field hospital was established with Captain Howard E. Ashbury, class of 1903, of 1017 Cathedral street, in charge.

Dr. Charles L. Mattfeldt, class of 1886, of Catonsville, Md., is a candidate for County Commissioner, to succeed himself.

Dr. Frank Martin, class of 1886, 1000 Cathedral street, will spend the month of August motoring through the New England States.

Dr. Charles Teackle Buckner, class of 1899, of North Charles street, will leave in August for North Hatley, Canada, where he usually spends part of each season.

Dr. Walton H. Hopkins, class of 1904, of Annapolis, Md., who has been spending some time at Atlantic City, has returned home.

Dr. John R. Irwin, '77, of Charlotte, N. C., has been elected orator of the North Carolina Medical Society, and Drs. J. L. Spruill, '95, of Columbia; Peter John, '97, of Laurinburg; R. L. Felts, '98, of Durham, and A. J. Crowell, '93 of Charlotte, councilors.

Dr. Joshua W. Hering, '85, of the Public Service Commission, who has been ill at his home in Westminster, is very much improved and attended the meeting of the Commission on the 17th. His many friends are glad to see him out again.

Major P. L. Boyer, '99, Medical Corps, U. S. A., of Chicago, Ill., was in charge of the hospital attached to the Southern camp at the Gettysburg Reunion. There were about 800 Southern veterans treated in it.

We are glad to learn that Dr. Guy Steele, '97, of Cambridge, Md., who has been a patient in

the University Hospital with a dislocated wrist, is able to be out again. It occurred while cranking an automobile about five weeks ago.

The engagement of Dr. Isaac M. Macks, '11, to Miss Rose Finder, both of this city, is announced. The wedding will take place shortly.

Dr. Alexander D. McConachie, '90, of 805 N. Charles street, will spend August motoring through Northern resorts and Canada.

Dr. L. Ernest Neale, '81, of 108 E. Read street, professor of obstetrics, is spending the summer at Ocean City, Md.

Dr. Ridgely B. Warfield, '84, of 845 Park avenue, sailed July 12 from New York on board the steamship George Washington for Europe, where he will make a tour of the British Isles, Iceland, Norway and Sweden, returning to this country in September.

Major Roger Brooke, Medical Corps, U. S. A., Baltimore Medical College, 1900, is stationed at the Presido, San Francisco. He has spent much of his time since graduation in the Philippines. He paid a recent visit East, and while in Baltimore visited the college and hospital.

Drs. A. J. Crowell, '93, and C. M. Strong, '88, of Charlotte, N. C., sailed for Europe July 3.

Dr. John S. McKee, '07, has been elected City Physician of Raleigh.

Another recent visitor to the college was Dr. A. G. Shortle, Baltimore Medical College, '96, who is located at Albuquerque, N. Mex., where he has a sanatorium for the treatment of tuberculosis. He is president of the State Tuberculosis Association of New Mexico.

Dr. Ernest Rowland, Baltimore Medical College, '95, is president of the Cecil County Medical Society.

Drs. Eugene Hagan Mullan, '03, and Lawrence Kolb, '08, Assistant Surgeons United States Public Health Service, are now on duty at the Ellis Island Immigration Station. Dr. Mullan will shortly take his examination for Passed Assistant Surgeon.

Dr. Thomas C. Gilchrist, professor of dermatology, sailed for England July 22, where he will spend the remainder of the summer.

Dr. Richard H. Lewis, '71, of Raleigh, N. C., former secretary of the North Carolina State Board of Health, was presented with a gold-headed cane by the North Carolina State Health Officers' Association, June 16, in recognition of his splendid work for the State in public health.

Dr. Henry R. Carter, '79, United States Public Health Service, Surgeon-in-Charge at Baltimore, recently gave a number of lectures on the Panama Canal to the students of the University of Minnesota at Minneapolis. His topics were sanitation, engineering and domestic arrangements, on which his six years' experience as assistant chief sanitary engineer qualified him to speak authoritatively.

Dr. Charles H. A. Meyer, Baltimore Medical College, '88, sailed for Europe June 24. After spending the summer abroad, Dr. Meyer will return to this country in the fall.

Dr. James A. Nydegger, '92, United States Public Health Service, stationed at Baltimore, has been elected professor of tropical medicine in the University, and will lecture there next session.

Dr. John R. Irwin, '77, of Charlotte, N. C., has been elected vice-president of the North Carolina Medical Society.

Dr. Harry Adler, '95, of 1804 Madison avenue, sailed for Europe June 24, where he will spend the remainder of the summer, returning to this country in the fall.

Among the recent visitors to the University Hospital were Drs. Charles Wesley Roberts,

class of 1906, of Douglas, Ga.; Lay Gordon Burroughs, class of 1906, of Collinsville, Ill., and Edward R. Hart, class of 1901, of Suffolk, Va.

Dr. Willis Linn, class of 1911, is located at 624 Franklin street, Wilmington, Del.

Dr. Ebenezer W. Pressly, '87, of Clover, S. C., has been appointed a member of the South Carolina State Medical Examining Board.

Dr. William B. Burch, '90, of Baltimore, was the orator at the commencement of Leonard Hall School, Leonardtown, Md., June 16.

Dr. Bernard Levinson, Baltimore Medical College, '08, is located at 612 W. Front street, Plainfield, N. J., where he is practicing his profession.

Dr. William L. Burns, class of 1908, of 183 Baltimore street, Cumberland, Md., has sailed for Europe, where he will remain until the fall, when he will return to his home.

It may be of interest to our alumni to learn that William H. Maxwell, City Superintendent of Schools, announces that an examination of applicants for license as Assistant Director of Educational Hygiene in the schools of the City of New York will be conducted by the Board of Examiners on Monday, September 29, 1913, at 9 A. M., at the Hall of the Board of Education, Park avenue and 59th street, Manhattan. An oral examination of such applicants will be held later at the call of the Board of Examiners.

Requirements for Eligibility—Applicants must present evidence of good moral character, and must have the qualifications described under (a) and (b) following. No applicant will be admitted to this examination who will not have accomplished the required experience before September 29, 1913.

(a) Graduation from a medical school recognized by the Regents of the University of the State of New York.

(b) One year of specialized experience in pediatrics.

Scope of Examination—Written examination—The practice of medicine in all of its branches, with particular reference to disease or disability which may occur during school life. Emphasis will be placed upon pediatrics and upon the hygiene of the teacher. The examination will include such topics as school hygiene and sanitation, the processes of growth and development, with particular reference to school life, tests of mental and physical health and efficiency.

An oral examination will be held at the call of the Board of Examiners. This will consist of an oral quiz, an examination on physical diagnosis and clinical tests which will be held at a clinic to be designated by the Board of Examiners, and, in addition, candidates will be taken to a public school for a conference quiz on school hygiene, school sanitation and hygiene of the pupil and teacher.

The applicant should file at the time of the examination all evidence of eligibility, properly certified, and should file all pamphlets and publications which contain original matter written by the candidate on topics which come within the scope of the examination.

Physician's Certificate—Applicants for license as Assistant Director of Educational Hygiene must present evidence of sound physical health in the form of a certificate to be issued by one of the physicians of the Board of Education.

Tenure of License and Duration of Eligible List—The license issued under these regulations hold for one year from date of appointment, and may be renewed for two successive years, without examination, in case the work of the holder is satisfactory. At the close of the third year of continuous successful service the City Superintendent may make the license permanent. Under section 1089 of the City Charter, as amended in 1912, an eligible list of licensees as assistant director of educational hygiene continues in force for three years.

Salary—The present salary schedule of assistant directors of educational hygiene is as follows: First year, $2500; an annual increase of $100 until the maximum of $3000 is reached, which shall be the salary for the sixth and for succeeding years.

The examination will begin promptly at the time stated, and no applicant who is late will be admitted to the examination.

Dr. Hiram Woods, class of 1893, of 842 Park avenue, delivered the principal address on "Pre-

ventable Blindness" at the joint society meeting of the Washington County Medical Society and the Frederick County Medical Society, July 24, 1913.

Dr. E. H. Rowe, class of 1906, of the Homewood Apartments, who has been spending some time abroad, has returned home and resumed his practice.

Dr. E. L. Whitney has been appointed associate professor of physiological chemistry, pharmacy and clinical pathology, and Dr. H. R. Spencer associate professor of pathology and bacteriology in the University of Maryland.

The following alumni, Baltimore Medical College, are located in Virginia:

Stanley E. Young, class of 1893.
W. W. Cummings, class of 1905.
Benjamin L. Carter, class of 1893.
William C. Webb, class of 1904.
Henry W. Anderson, class of 1883.
Charles P. Rexrode, class of 1896.
William E. Brown, class of 1908.
Joseph Henry Mitchell, class of 1895.
L. D. Caldwell, class of 1893.
Simon P. Conduff, class of 1898.
James Alexander Grizzard, class of 1906.
Fred C. Downey, class of 1898.
J. M. Sheppard, class of 1894.
Archibald McDowell Burfoot, class of 1906.
Joseph G. Bishop, class of 1905.
C. M. Easter, class of 1895.
Claude David Combs, class of 1909.
Paul Jones Parker, class of 1910.
Chester B. Nuckolls, class of 1893.
L. J. Marshall, class of 1900.
Edgar A. Pole, class of 1897.
Ossie Alexander Weatherly, class of 1909.
M. W. Jewett, class of 1882.
Emory Gordon Valk, class of 1897.
Charles Stickley, class of 1904.
Jesse M. Shackelford, class of 1891.
Carl C. White, class of 1897.
Davis L. Shaver, class of 1888.
Edgar W. Young, class of 1911.
Noah F. Schumucker, class of 1897.
Luther M. Abbott, class of 1898.
Calvin W. Cahan, class of 1891.
Thomas J. Wolf, class of 1890.
George Albert Arhart, class of 1910.
James Turner Kelly, class of 1893.
Thomas E. Patterson, class of 1909.
Wade H. Whitehead, class of 1907.
William Forrest Becker, class of 1911.
Clarence C. Jones, class of 1903.
William H. Thomas, class of 1889.
Isaac Webb Surratt, class of 1908.
William Otey McCabe, class of 1892.
James White Johnson, class of 1907.
Jos. Edward Brumback, class of 1909.
Jos. Cleveland Rutrough, class of 1910.
William Pendleton McQuire, class of 1903.
W. B. Richardson, class of 1895.

MARRIAGES

Dr. Paul Brown, class of 1909, formerly of Gaffney, S. C., to Miss Viola Edmondson of Baltimore, Md., at Baltimore, June 25, 1913. They left immediately for a Southern trip, and upon their return will live at 1841 Pennsylvania avenue, Baltimore, where the groom is practicing his profession.

Dr. James Emery, class of 1904, of Daytona, Fla., to Miss Madge Mogee, of Morristown, Pa., at Morristown, May 22, 1913.

Miss Eliza Nalley Ridgely, University Training School for Nurses, class of 1912, of Baltimore, to Mr. John Charles Ringgold, at Baltimore, July 14, 1913. After a short wedding trip Mr. and Mrs. Ringgold will reside in Chicago, Ill., where Mr. Ringgold is in business.

Miss Cora Nellie Burton, University Training School for Nurses, class of 1910, of Hamilton, Md., to Mr. Richard Tilghman Earle of Centerville, Md., at Hamilton, July 19, 1913. Mr. and Mrs. Earle will reside at Centerville, and will be at home to their friends after August 1.

Dr. George A. Anderton, Baltimore Medical College, '07, of Morris Plains, N. J., to Miss Minnie P. Newman of Catonsville, Md., at Catonsville, June 25, 1913. After a wedding trip spent in Canada, Dr. and Mrs. Anderton will reside at Greystone Park, N. J., where Dr. Anderton is connected with the New Jersey State Hospital.

DEATHS

Dr. Pride Jones Thomas, class of 1902, of Wilmington, N. C., a member of the Medical Society of the State of North Carolina, and assistant surgeon of the Atlantic Coast Line at Wilmington, died at his home in Wilmington of valvular heart disease, June 24, 1913, aged 38 years.

Dr. Isadore Clarence Smulyan, Baltimore Medical College, class of 1901, of Salt Lake City, Utah, a member of the State Board of Medical Examiners, died in the Holy Cross Hospital, Salt Lake City, from nephritis, June 30, 1913, aged 35 years.

Dr. Wm. Frederick A. Kemp, class of 1872, of Baltimore, formerly vice-president and for many years treasurer of the Medical and Chirurgical Faculty of Maryland; president of the Baltimore Medical Association, and one of the best-liked physicians in the city, died at his home, 8 W. 21st street, of a complication of diseases, July 10, 1913, aged 64 years.

Dr. Joseph C. Wunder, class of 1889, of 1800 W. Baltimore street, the well-known West Baltimore physician, died from tuberculosis at the State Sanatorium at Sabillasville, July 20, 1913, aged 48 years.

Dr. Joseph Morton Bunting, Baltimore Medical College, class of 1909, a member of the Medical Society of the State of New York, died recently at his home in Kingston, aged 28 years.

Dr. James Henry Murray, a graduate of the Maryland Medical College, and at one time a member of the class of 1912, University of Maryland, of West River, Md., died at St. Luke's Hospital, July 24, 1913, aged 24 years, of intestinal obstruction. After graduation Dr. Murray served as an interne in the Bayview Hospital, and on June 1 last entered St. Luke's as an interne. Only three weeks previous to his last illness, Dr. Murray had recovered from an attack of diphtheria. His many friends, especially those who were connected with him as house students, will regret to learn of his sudden death.

Dr. Edward L. Downs, class of 1886, died at Butler, Pa., March 27, 1913, aged 55 years.

Dr. James P. Carter, class of 1852, died at his home in Gerrardstown, W. Va., August 2, 1913, aged 87 years.

Dr. Monte Griffith, class of 1896, of Washington, D. C., a member of the American Medical Association and Washington Ophthalmological and Otological Society, assistant professor of ophthalmology in Georgetown University, assistant surgeon to the Eye, Ear and Throat Hospital and ophthalmologist to the Children's Hospital, Washington, and for many years a practitioner of Washington, died at his home in Cherrydale, Va., where he had lived since his retirement, two years ago, of angina pectoris, July 11, 1913, aged 51 years.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., of THE HOSPITAL BULLETIN OF THE UNIVERSITY OF MARYLAND, published monthly at Baltimore, Md., required by the Act of August 24, 1912.

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Known bondholders, mortgagees, and other security holders, holding 1 per cent. or more of total amount of bonds, mortgages, or other securities, none.

NATHAN WINSLOW, Editor.

Sworn to and subscribed before me this 18th day of April, 1913.

J. ALEX. HILLARY, JR.,
Notary Public.
(My commission expires May 4, 1914.)

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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FROM CHESAPEAKE BAY TO PUGET SOUND AND BACK.

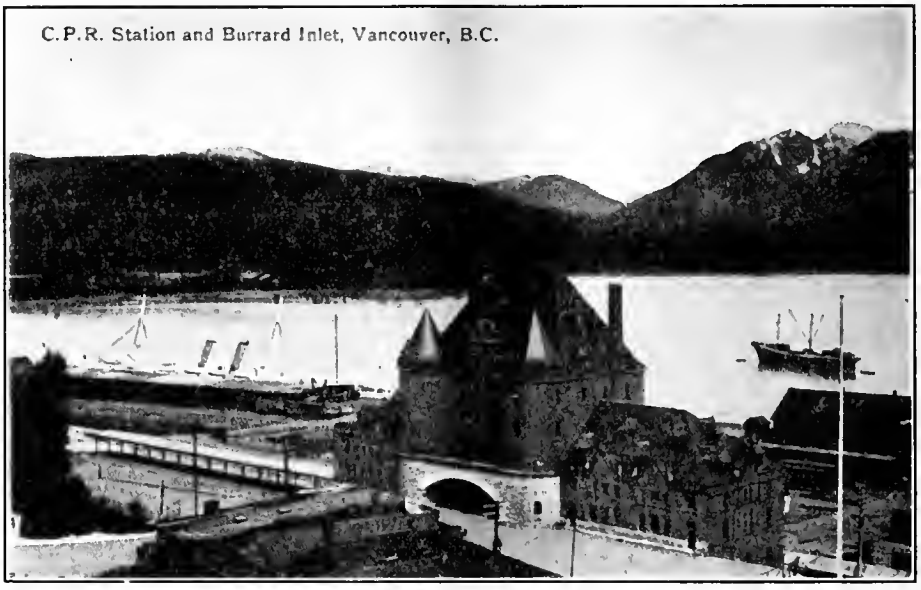
By Randolph Winslow, M.D.

2. Spokane, Seattle, Victoria, the Canadian Rockies and Winnipeg.

At 10.30 on the morning of June 26, I resumed my journey to the Far West, passing through the western portion of Montana, across the panhandle of Idaho and the eastern part of Washington, reaching Spokane about 8 P. M. The country traversed was mountainous, heavily wooded and picturesque. The population was sparse, and the towns small and crude looking. The chief industry, as seen from the train, was logging and milling, and immense quantities of lumber were seen piled up ready for shipment. Spokane is situated on the river of the same name, where there are considerable falls, which are utilized to generate electricity. It is consequently brilliantly illuminated and electrified. This is a very handsome city of 100,000 population. It has fine office and business structures, and beautiful residences. The city is very young, and only a few years back was an army post without other inhabitants. Its growth, however, is very similar to that of many other of the Far Western cities. I remained 24 hours at Spokane, in order to see Drs. A. Aldridge and James G. Matthews, who have settled here, and have met with phenomenal success. Dr. A. A. Matthews, after serving several years at the University Hospital as my assistant, and as medical superintendent, went West, intending to locate in Seattle, but a position as superintendent of St. Luke's Hospital at Spokane being offered him, he located permanently in that city. He is the chief surgeon of the city and surrounding country, and has not only achieved a substantial success, but has reflected credit upon his Alma Mater and his teachers. His brother is associated with him, and is also meeting with much success. Dr. Morris C. Robins was also located here for several years, but has recently left the city. Dr. William E. B. Owens, another of our recent alumni, is located near Spokane, and is associated with Dr. Matthews in some contract work. St. Luke's Hospital is a very nice and well-equipped institution of 130 beds, and it is here that Dr. Matthews does most of his work, though he also operates in the Hospital of the Sacred Heart, which is a magnificent seven-story, fireproof structure, situated on an eminence overlooking the city, with accommodations for about 450 patients. There is also another hospital in the city, and one wonders how they can be supported in a city of 100,000 inhabitants. Spokane, however, is an unusual city for its size. It has a magnificent club—the Spokane—at which I was handsomely entertained; a wonderful restaurant—the Davenport—at which I was also a guest, which is famous in the West, where the choicest viands are served in the finest style; and several splendid hotels. Three great trunk lines of railway, from St. Paul to Seattle, pass through the city, besides other more local roads; hence there are ample facilities for communication with both the East and West. Leaving Spokane in the evening, we reached Seattle about 9 o'clock the next morning—June 28. I spent several days in this city in 1905, and was much pleased with its situation and appear-

ance at that time, but its growth and transformation has been very great since then, so that it can scarcely be recognized as the same city. Its present population is probably 250,000, which is nearly double the population of 1905. The city has also a metropolitan appearance, which is in marked contrast to that seen at my previous visit. The Washington Hotel is a magnificent fireproof structure, where you pay well for what you get. In 1905 it was perched on the highest pinnacle in the city, but the old building was torn down, and the hill on which it stood was cut down by hydraulic sluicing and washed into the bay. The present hotel is, therefore, situated at a much lower level than was the former one. In a former letter I commented on the beautiful situation of Seattle, with Puget Sound at its front door and Lake Washington at its back. The city is very hilly, and cars are drawn over the hills by cables. On a clear day there is a beautiful view from the top of the hills, and the snow-capped peaks of Mounts Ranier and Baker can be seen with startling distinctness lifting their hoary heads into the sky. Unfortunately, the weather was overcast during our recent visit, and one would not have suspected there were any mountains within the range of vision. In fact, cloudy and rainy weather attended us most of the time from Minneapolis back to Duluth, and interfered considerably with our pleasure. On Sunday, June 29, we took steamer for Victoria and Vancouver, and began our long return trip. The weather was overcast and chilly, and the view of the mountain ranges on each side of the sound was obscured.

The trip up the Sound was pleasant, and on crossing the Strait of Juan de Fuca we were in British waters, and soon landed at Victoria, the capital of British Columbia, situated at the lower extremity of Vancouver Island. The harbor of Victoria is absolutely land-locked, and suggests that of Baltimore very much. You enter by a narrow passage, and by a tortuous channel are brought right into the city; ocean-going ships lying with their noses against the shore. Victoria has probably 50,000 inhabitants, and is typically English in appearance. It has beautiful cottage homes embowered in flowers, and is doubtless a pleasant place in which to live. It is said that when a resident of British Columbia makes a fortune and retires from business, he settles in Victoria to spend the remainder of his days. The people, however, are very keen to gather in American dollars, and Uncle Sam's coin passes current everywhere. The Parliament House is an imposing structure, and would do credit to a much more populous province. The Empress Hotel is also a splendid and modern hostelry. Leaving Victoria about 3 P. M., it is a four hours' run across the Straits of Georgia to Vancouver, situated on the mainland. This city has increased enormously since I visited it in 1905; its population is probably 150,000, and in the character of its buildings



C. P. R. STATION AND BURRARD INLET, VANCOUVER, B. C.

it has also changed from a provincial town to a metropolitan city. The University of British Columbia is being established here, with an enormous endowment of land, which will in time yield an immense revenue. This city is the Pacific terminus of the Canadian Pacific Railroad, and from here many lines of ships sail for the Orient, as well as to less distant points. We did not tarry in Vancouver, but took the evening train for the East. The railroad accommodations are not equal to those of the great American lines, the dining-car service is not good, but the ubiquitous colored porter is in evidence, and is pretty independent. A rather confusing time table is used by this road, and the train which leaves at 8 P. M., by our reckoning, is scheduled to depart at 20 o'clock. The next morning early we were at Kamloops, a town of some size, where an insane hospital is located, and were running most of the day through the Selkirk Mountains. The country is sparsely settled, and towns are few and small, but the scenery is fine, and at many of the stations there are excellent hotels, where one can spend time profitably. At Glacier Station there is an immense glacier in plain view, to which one can easily go on foot or on horseback. These glaciers are full of crevasses, and a walk on their surfaces is by no means free of danger. At 10.25 P. M., or, according to local schedule, at 22.25 o'clock, we detrained at Laggan and took the trolley car for Lake Louise, about two and a half miles distant. This is considered the most beautiful point in the Canadian Rockies, though this is an invidious distinction in a region that is full of beautiful spots. Lake Louise is a small, gem-like lake of deep blue color, surrounded by steep mountains. There is a fine chalet hotel here, where all the modern conveniences can be had for an adequate consideration. There are many other lakes in the same vicinity, some of them situated high in the mountains, which can be reached by trail. Nine miles distant are the Ten Peaks. These are separate mountain peaks, serrated and jagged, which, like the teeth of a saw, cleave the skyline. At their base is Moraine Lake, while numerous glaciers stretch downward from the heights. Leaving

LAKE LOUISE, LAGGAN, ALTA.

Laggan at night, we awoke in the vast treeless plains of Saskatchewan, uncultivated and very sparsely settled, but with prosperous towns here and there, as Medicine Hat, population about 15,000, a pretty fair-looking town of frame houses. As we traveled eastward the population became denser, and cultivated acres were more extensive; in fact, this is the great grain belt, and all along the railroad were numerous grain elevators, showing a large traffic in grain. Moose Jaw is a prosperous town of 30,000 inhabitants, which is the point at which the road branches off to St. Paul. We kept on, however, to Winnipeg by the direct route, pashing through Regina, the capital of the province, which is quite a handsome city, with handsome Parliament buildings. Another

night on the train, and the next morning early we approached Winnipeg, the capital of Manitoba. This is a large city, with possibly 200,000 population, with splendid buildings, beautifully paved streets, many trolley lines, fine residences, a large park, and every evidence of wealth. Only a few years ago Winnipeg was an outpost of civilization; now it is a metropolis. The Alexandra is a fine hotel, where the bell boys are miniature Tommy Atkinses, with bobtailed jackets and little round caps perched on the side of their heads. A large immigration is taking place in this country, and it will not be long before the waste places are occupied. I was much impressed with the Canadian Pacific Railroad, stretching thousands of miles across the continent, with branch lines running in every direction, and steamships running to almost all ports of the world. An immense amount of freight is carried, as well as a large number of passengers. The bulk of the travelers were either Canadians or English, though, of course, there were a good many Americans. It seemed strange not to see the American flag in an English-speaking country very much resembling our own country in appearance. The Canadians regard their country as practically an independent nation, though their flag is the British ensign with the Canadian arms emblazoned on it. The Northwest mounted police are a picturesque body of constabulary, with their red coats and blue pantaloons and campaign hats. They are also an effective force, and sometimes have very serious work to do. Leaving Winnipeg at 5 P. M. on the "Soo," we reached the international boundary an hour or so later and passed into Northern Minnesota, which is a better-looking country than Monitoba, though much like the neighboring parts of Canada. A night on the train and we were back in St. Paul at 8 A. M. on July 4. The American eagle was already screaming, and there was a lot of stir and bustle in celebration of the great national holiday.

VALLEY OF THE TEN PEAKS, NEAR LAGGAN, ALBERTA.

(To be continued.)

Dr. George Heller, Baltimore Medical College, class of 1897, has received the endorsement for the Congressional nomination in the Third district by The Club, 1900 East Baltimore street. The Club also appropriated $100 for a Heller banner in front of the clubrooms, Baltimore and Wolfe streets, in the Sixth ward.

THE PRACTICAL APPLICATION OF THE SCIENCE OF EUGENICS.

By Thomas A. Ashby, M.D., LL.D.

In the *Evening Sun* of July 14 the writer, in an article entitled "The Science of Eugenics in Relation to Racial Improvement," tried to show that while in the simple conditions of nature the laws of natural and sexual selection work for the improvement of all forms of animal and vegetable life through the survival of the fittest, in domesticated animals and plants and in the human race the natural law has been largely set aside by artificial conditions, which have resulted either in racial improvement or racial retardation or deterioration.

The natural law works with a definite purpose, and in the long lapse of time has resulted either in extermination or in an improvement of racial conditions. The artificial law instituted by man works in the most eccentric ways, and through environment, selection and heredity has resulted in marked improvement of living organisms domesticated by man. In domestication man has employed art in selecting and crossing to secure the best results of interbreeding and heredity, taking advantage of the laws of sex union and environment which are not possible in a state of nature where the struggle for existence is more severe. In the improvement of the human race the progress from a savage to a semi-civilized and civilized condition has been extremely slow because racial improvement has been held in check by numerous artificial customs and practices.

Among the uncivilized races the laws of natural and sexual selection have worked very gradually to improve racial conditions, through the elimination of the weak and survival of the strong. Savage man has been more exposed to epidemic and pestilential disease, has been surrounded by an environment less favorable to health and life, and has enjoyed fewer of the advantages which science, invention and human skill are able to give to the more civilized races. The savage man is largely a product of the tropical and frigid regions of the earth, hence climate, food and isolation have had much to do with his racial inferiority. His survival in a savage state is the result of an elimination of the weak through the survival of the strong.

As man ascends in the scale of civilized races his ascent can be traced very largely to his environment, to his constant struggle to improve the conditions of life, through invention, discovery and the orderly government of his social, industrial and political institutions. Respect for life and property is the first step from a savage to a more civilized state of human society, and as this respect has increased the functions of government, through law and social orders, have improved the natural law of environment. Natural selection has in this manner worked great advantage to the human race, and racial improvement can be measured by the progress which the races of mankind have made in overcoming the agencies which nature imposes upon all living organisms.

As man has been able to utilize the vast wealth of nature's kingdom and to subdue or modify the forces which govern the natural world, to that extent he has improved his physical and spiritual nature. The highest civilization can only be reached when mankind has brought under its control the vast resources of the natural and spiritual world, and man's own physical and spiritual nature is made to harmonize with nature's laws.

The true aim of civilization is to discover and utilize the forces of nature for the gradual uplift of the human race. The underlying cause of racial degeneration, as of racial improvement, must be studied from the standpoint of biology, for the facts of life underlie the foundation of religion, of philosophy and of all moral government. To seek and use all truth human study must go to the very root of creative energy and search for the fundamental principles which should govern man's relations to life on earth. If it can be shown that the improvement of the human race is retarded or held in check by artificial customs and practices due to ignorance, false sentiment and often fanaticism, then it will not be unprofitable to review the science of eugenics from a practical and matter-of-fact standpoint.

It will be necessary to use plain language without confusing prudery with freedom of thought robbed of all feeling of sensuality. The language of science is the voice of truth which seeks to express itself through reason and intelligent statement.

The science of eugenics asserts that the laws of sex selection and of sex union in the human race are more largely influenced by artificial conditions than by natural laws. This assertion is based upon the fact that in the animal in the state of nature sex union is largely controlled by the law of survival of the fittest and that perpetuation and improvement of the race is kept up by the union of the strong and destruction of the weak; that in the domesticated animal the union of the sexes is largely controlled by man, and that the best selections are made for the improvement or modification of the offspring.

In the races of man the union of the sexes is controlled by no fixed law, but is influenced almost entirely by the wishes and interests of the uniting sexes. In the human race sex union has little regard for the rights of the offspring, which, through inheritance, must accept the results, either of good or evil, which may come to it. As society places no legal restraints upon sex union, the feeble and degenerate classes may breed as freely as opportunities are presented and give birth to their progeny charged by heredity with the physical, mental and moral characteristics of their parents. As a result of this unlicensed privilige of indiscrimiate sex union, the physical and mental improvement of the race is not only retarded, but the moral forces of society are held in check by the criminal and degenerate classes.

But society goes even further to check racial improvement through the care which is given in the name of charity to the people least able to improve racial conditions. The offspring of the degenerate and criminal classes are often a charge upon the benevolence of society, and in institutions maintained for their care and support are helped to better conditions of health, and then turned loose from the restraint of charity and benevolence to beget their vicious offspring to the detriment of racial improvement.

This double-edge sword of unlicensed and uncontrolled sex union cuts the cords at both ends which should strengthen racial improvement and leaves society without the support of a rational system of self-protection. The humanity and benevolence of man is his highest attribute. It obeys the instruction of the Great Teacher of Righteousness, who taught man to love his neighbor as himself, yet we may seriously question the ethics of a system which provides for the care and comfort of the few at such an enormous cost to the entire race when wise laws of self-protection are within easy reach for the prevention of social evils.

The science of eugenics offers a remedy for this unnatural system of indiscriminate sex union. It says plainly that the unfit should not be allowed to propagate their own kind. It proposes in two ways to correct this evil. The first is by education, to encourage careful selection in the marital union of the male and female. This is done by pointing out the dangers of inherited and acquired disease. Parents, ministers, physicians and public opinion can all exercise a most potent influence over the youth of both sexes by refusing to sanction such alliance or by warning one or both sexes of the consequences of such unwise unions Men and women who are known to have inherited mental diease of a positive character, or tuberculosis and syphilis in dangerous forms assume the gravest responsibility in wedlock. The offspring of such unions are almost sure to inherit the parental taints in some form.

In the case of those individuals who are a charge upon the resources of the State the science of eugenics asserts most authoritatively that sterilization of both sexes is the only efficient remedy. The application of this remedy can be made both just and humane. Under the modern system of surgery sterilization of either sex can be done without pain or danger. There is no mutilation. The functions of nature are not set aside; procreation is simply suspended. Under proper legal restrictions sterilization would take a wide application, both voluntary and involuntary. In the course of another generation it would be possible to unload our asylums, reformatory institutions, penitentiaries, jails and almshouses of many inmates. It would stop many divorce suits and purify the institution of marriage. It would correct many of the vices now prevalent in all walks of life.

The strength of the human race is in the purity of its blood, in its virility and moral force, in its spiritual aspirations and intellectual culture. These forces lead to racial improvement. They limit the dangers of racial degeneration. In the science of eugenics an artificial law is offered as a substitute for the natural law which society is violating. It presents the only remedy against

existing evils which can be enforced largely by public education and by law.

The following statistics will throw some light on the conditions which lead up to racial degeneration: During the year 1912 4169 insane patients were treated in institutions in Maryland, of which 3790 were from the State and 379 from other States. Of this number 961 were treated in private sanatoria and 2729 were treated at the expense of the State. The number of insane to population in 1912 was 1 to 310. The increase in the insane population during the last 12 years has been 1502. This increase has been most marked among the colored insane. In 1900 there were 357 insane negroes, and in 1912 this number had increased to 549. Included in the insane population there were under treatment during the year 1912 in Rosewood State Training School for the Feeble-Minded 405 patients, maintained at an annual expense to the State of over $80,000. The State appropriates a liberal sum for the care of cases of tuberculosis in State institutions, in addition to large sums appropriated to hospitals throughout the State for the care of all classes of cases.

The State of Pennsylvania presents a striking illustration of the condition of the feeble-minded in that State. According to a recent statement made to Governor Tener, there are 17,000 feeble-minded men, women and children in Pennsylvania, of which number only 2263 are in proper institutions. There were 7000 women of child-bearing age at large. This means that in 15 to 20 years 35,000 feeble-minded children may be added to the population of the State.

These statistics take no account of the thousands of people with all forms of hereditary diseases in their homes and who do not appear as a charge upon the public. If it was necessary to show by statistics the fearful menace to society which comes from the indiscriminate union of the sexes among a large class of the unfit, the facts would be most alarming. Society is drifting along in the face of this great peril of race degeneration, without serious consideration of its growing danger to the health and happiness of the human family. Is it not time to take notice and think?—*Editorial Baltimore Evening Sun, July* 31, 1913.

FEW REMARKS ON THE MANAGEMENT OF DIARRHEAL DISEASES OF INFANCY.*

By Roscoe D. McMillan, M.D. (1910).
Red Springs, N. C.

When we stop to consider that about one-fourth of all deaths occur in the first year of life, and that of these about 60 per cent. are due to gastro-intestinal disturbances—when these appalling facts confront us, our duty as physicians should spur us to greater efforts to attain such knowledge as will help to save the little ones entrusted to our care. In no other branch of medicine is it so necessary that the physician in charge gain the confidence and co-operation of the patient's attendants, since patience and care are two things absolutely necessary if we get the best results. We must exert efforts to dispel the dense clouds of ignorance which in the past, and remains to a certain extent today, surrounding the laity. We must cease to allow mothers to think the diarrheas are the natural results of teething, and must show them that if such were the case every child would have diarrhea from the sixth to the eighteenth month, either continuously or intermittently.

Babies' alimentary canals vary as much as their disposition and mental development. We must prove to them that every child is a law unto itself; that because Mrs. A's baby, who was fed on condensed milk and is well, that that in itself is no reason for believing Mrs. B's baby will be the same.

I will not attempt to enumerate the different varieties of intestinal diseases of infancy, but will speak only of the form most frequently met with in our daily work, i. e., acute ileo-colitis.

The exact nature of this intoxication is by no means clear; the condition is not only intestinal, but also metabolic. The definition of Holt cannot be modified. "It is an inflammatory diarrhea which, in addition to systemic infection, the symptoms of an acute local inflammation have a prominent part."

The onset is sudden, sometimes ushered in with convulsions, often with vomiting, rise in temperature, frequent watery stools. The temperature

*Read by title at Tri-State Medical Association of the Carolinas and Virginia in annual session, Norfolk, Va., February, 1913. Also at Robeson County Medical Society, Lumberton, N. C., April, 1913.

goes up, steadily rising to 104 or 105 in a few hours. Later the discharges are accompanied by pain and tenesmus, with blood and blood-streaked mucus. Stools are frequent and small. The facial expression is characteristic, the staring eyes, mouth usually open, lips parched and dry, pulse rapid and snappy, respirations are rapid and pauseless. Meteorism usually present at the beginning, but more often later; this is due to partial paresis of the intestinal wall from venous congestion, and is a source of great anxiety. The toxemia and venous congestion causes a disturbance of the central nervous system, patients are usually semi-conscious, and in serious cases unconscious. Prolapse of the rectum is a troublesome accompaniment. Leukocytosis is present, urine shows albumin and casts, and there is a rapid loss in weight.

Treatment.—In no single disease is prophylaxis so important. We, as physicians, can do much to reduce the mortality by having our patients avoid weaning their babies in hot weather. During the hot months see that the bath is properly attended to; that all unnecessary clothing is removed, and that the child is kept in the open air as much as possible, avoiding too much exposure to hot sun. Look closely after the eruptive diseases of childhood. Avoid particularly overfeeding during the days of excessive heat; it is a good rule to tell them to diminish each feeding by one-half and make up the deficiency with water, and give water freely between feedings. All water given to infants and young children should be boiled. Last, but not least, encourage maternal nursing by all possible means.

Dietetic Treatment.—In the beginning of the disease two indications are pre-eminent:

1. Stop all food.

2. Supply water. This can be given in the form of albumin water, barley water or whey. After the stomach has been allowed to rest for 24 to 48 hours, let the child take the breast very cautiously, taking about one-fourth the usual amount and at intervals of at least four hours. Between nursings supply the whey, albumin or barley water and beef juice.

Medicinal Treatment.—The first indication is to empty the stomach and intestines at the earliest possible moment, and to do this as thoroughly as possible. It is not always necessary to empty the stomach, as the initial vomiting usually does this, but if there is no vomiting, I generally make them drink as much milk-warm water as necessary to completely cleanse the stomach; this can be accomplished much easier than by the use of the stomach pump. To clear the small intestines, of course, cathartics are the only available means. I use calomel given in small doses, frequnetly repeated according to the age of the child. This is followed in six hours by copious irrigations of the colon, with normal salt solution, irrigations being repeated twice a day, if possible. Hot turpentine compresses to abdomen act as a sedative, and are always of service. After a few days, if the pain and straining persist, about one to two ounces of starch water, to which a few drops of laudanum has been added, is gently introduced into the colon and repeated every 6 to 10 hours, as necessary. If the amount of blood is excessive I have used hot water, with a few drops of fl. ext. witch-hazel added, introduced high, with good results.

Give an occasional dose of calomel every few days. I find that it lessens nervousness, reduces temperature to some extent and prevents, in a certain measure, fresh accumulations of fermentative and decomposition products. If the diarrhea is very severe, so that stools are passed every few minutes and the child in a weakened condition from loss of water, opium is indicated. This is best given in the form of paregoric in small doses of castor oil.

Later one of the insoluble preparations of bismuth, preferably bismuth-subnitrate, given in large doses in combination with moderate doses of aromatic syr. rhubarb, powdered lactopeptine, with chalk mixture as a vehicle, is ordered.

Stimulants are required in all severe cases. They are indicated by weak pulse, cold extremities and great prostration. I have seen no objections to using brandy, well diluted, in these cases, even in the very young.

Prolapse of rectum is usually corrected by the gaining weight and strength of the child, but if necessary give enema of one ounce of a 1 to 2 per cent. solution of tannic acid, with small one-piece ear syringe.

Temperature is best controlled by hydro-theraphy. During convalescence, tonics, as iron arsenic and strychnin, are given. Codliver oil later on, when stomach will tolerate it, this being kept up well into the winter months.

In spite of all I have said, many, many cases do not yield to any of the above named remedies, and, in conclusion, I must say in presenting this paper, I do so with a full conviction of my inability to handle this subject in the manner its importance demands. I am not writing on any special knowledge of the subject or for the purpose of advocating any special line of treatment, but rather to pave the way for a free discussion on so important a subject. When we read the opinions and recommendations of some of the most prominent physicions of years gone by, then turn to the treatment of the present day, we are still at sea. The age and learning of the present day demand that we should more thoroughly and scientifically investigate this malady so as to be able scientifically to treat it in a more rational manner and not be continuously drifting on the vast ocean of uncertainty.

SYMPTOMS AND TREATMENT OF RANULA.

By M. Duke Smith.

A *ranula* is a cystic tumor situated immediately beneath the anterior and lateral portions of the tongue, beginning in one or more of the acini of the anterior sublingual glands, also known as "Blandin-Nuhn" glands, as a result of an obstruction to their outlet.

The contents of the cystic formation consists of a clear, somewhat thick, glairy and viscid mucus of a faintly yellow color.

As to what constitutes a true ranula there is some discussion, many authorities claiming that the dilatation of the salivary ducts by retained fluid may constitute a ranula, as well as obstruction to the ducts of the sublingual mucous glands.

Clinically, ranula in general presents itself as a single, semi-translucent, pink or bluish tumor, often having large dilated veins coarsing in waving lines over its thin walls. It is globular in shape and fluctuating, lying either wholly in the mouth or between the mouth and chin. The only pain noted is due to the mechanical pressure. There is a sense of fullness and discomfort varying in intensity according to the size of the tumor, and it will, if not interfered with, grow to considerable size, projecting in the neck below the angle of the chin where fluctuation may be noted.

Ranulæ are usually acquired, and are seen more frequently after mid-life. They may, however, be congenital. They are slow in growth, and at first project into the floor of the mouth beneath the tongue, quite to one side of the lingual frenum. As they grow they elevate the tongue, pushing it over to one side, except in rare cases where bilateral ranula are seen, and in such instances the tongue is pushed directly up against the roof of the mouth. Eventually the pressure against the teeth in front and enlargement of the cyst may even prevent the mouth from closing. When the ranula is unilateral it will push the linqual frenum toward the opposite side, and may project beyond it, giving the appearance of a bilateral tumor, or one tumor divided into a larger and smaller portion. With the filling of the oral cavity marked interference with speech and deglutition is noted.

The great deformity of expression which these tumor-like retention cysts produce is the symptom from which they receive their name, viz., "Rana," meaning frog; the bulging of the tongue and the pale, bluish semi-translucent hue presenting a certain resemblance to the mouth of a frog.

If the dilatation of Wharton's duct with the retention of fluid is also to be considered a ranula, the symptoms will be somewhat different; considerably more pain will be noted; circumjacent swelling with a greater evidence of inflammatory action in all the parts implicated than is noted in a ranula of the sublingual mucous glands.

No other than operative interference is of any avail in the treatment of these cysts, and even in the true thin-walled ranulæ of the sublingual mucous glands it is usually necessary to do more than simply *remove* their contents, for the edges of the wound will reunite and the cyst reappear.

One of the old treatments was to pass a seton (strong silk) through the cyst walls and allow it to remain for a week or ten days, which procedure sometimes effected a cure. If this were not effective, a sort of plastic operation was done, which consisted in forming a triangular flap by converging incisions in the anterior wall of the cyst, and the apex of the incision fastened to the opposite wall. Adhesions were thus formed and the cyst kept open until the wall shriveled up.

Another method of treatment is to excise a part of the cyst wall and destroy the lining with caustics. An injection of tincture of iodine, 10

parts; water, 10 parts, and iodide of potassium, 1 part, may be used, but lunar caustic applied to the interior of the wall probably gives better results.

The Paquelin cautery is probably the best instrument to employ in the treatment of ranulæ. First, etherize the patient, introduce the gag, lift the tongue upwards with forceps, and with a platinum knife at red heat dissect away the anterior wall of the cyst. The wound should then be packed with a single ribbon of gauze. The after treatment consists in changing the packing every 24 or 48 hours and at each dressing irrigating the cavity with 1-2000 sublimate solution.

If the Paquelin thermo cautery is not convenient, the contents of the ranula may be removed by an incision, and the entire sac of the cyst dissected out, irrigating the cavity with pure carbolic acid, care being taken to neutralize the excess of carbolic acid with alcohol. This treatment is occasionally resorted to with satisfactory results when the milder measures have failed.

In case the ranula is a dilated Whartonian duct, the removal of the concretion blocking up the orifice of the duct is usually sufficient. Even this, however, requires considerable care, as it is often very brittle, and if any fragments remain they may set up irritation and serve as nuclei for further collections, thus obstructing the duct for a second time. It is preferable therefore to make an incision in the duct long enough to "shell out" the entire stone, thereby permitting drainage of the cyst and lessening the liability for the return of the concretion.

BOOK REVIEWS

International Clinics. Volume XI. Twenty-third Series. Philadelphia and London: J. B. Lippincott Company. Cloth, $2 net. 1913.

There are so many good things in the present issue of "International Clinics" that it is hard to single out any one as of more merit or interest than another. The neurologist, obstetrician, surgeon, internest, etc., can each and everyone find something new and novel in their line in the book before us. The article on Paraxyosmal Hemoglobinuria by C. H. Browning and H. F. Watson strongly sets forth syphilis, especially in the light of the Wasserman reaction, as the causative factor. One cannot read the article without acknowledging the reasonableness of their claims.

The purpose of the article "Therapeutical Exercises Performed Before a Mirror," by H. W. Frauenthal, is to call attention to a method of conducting therapeutical exercises before a mirror, in which the muscle effort is directed with mental concentration on the act. The author regards this as the highest type of active exercise. The method described is based upon the following scientific facts: Anderson of Yale has demonstrated that when a person is securely placed on a body balance and concentrates his mind on an extremity the hyperemia thus produced tips the body balance in the direction of this limb. It has also been found that when motion of an extremity is guided by mental concentration the convolutions in the gray matter of the brain presiding over this motor area are increased. He then asserts a moment's thought makes clear the fact that the nerve efficiency as displayed by the gyrations of the Nautch dancer can be developed by any person in any set of muscles if a proper effort is made for development of sufficient nerve force and nerve control. The practical application of the method as applied to various affections is then set forth at some length. Other articles worth while are "Therapeutic Indications for Antitoxins, Serums," etc.; "Diagnonis of Diseases of the Heart"; "Psychoneuroses in the Male"; "Review of a Year's Fracture Work at the Surgical Dispensary of the University Hospital from the Standpoint of the General Practitioner"; "The Use of Iodine in Abdominal Surgery, Gynecology and Obstetrics."

Dr. Robert W. Price, Baltimore Medical College, class of 1894, of 1337 N. Caroline street, met with a severe loss August 31 when his yacht, "Amelia," after having won many trophies at the Maryland Motorboat Club and elsewhere, burned to the water's edge and sank in the West River. The yacht was in charge of Dr. Price's son, and there were several people aboard, none of whom were hurt. Dr. Price, in speaking of the accident, said he was much grieved over the loss of his yacht, which had won five silver loving cups and a blue ribbon, and was entered for the Love Point race of the Maryland Motorboat Club on September 13, but thankful no lives were lost. The loss was partly covered by insurance.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, SEPTEMBER 15, 1913.

AN IRREPARABLE LOSS.

DR. EUGENE F. CORDELL.

On August 1 Dr. Eugene Fauntleroy Cordell took his annual vacation of a month. On the door of Davidge Hall, in which is located the valuable collection of books constituting the library of the Medical Department, he tacked a notice that the library would not be open until September 1. Unexpectedly and suddenly he passed away on August 27. He had suffered from a minor ailment for some days, and a slight operation had been performed on him, from which he was apparently convalescing, when about 4.30 A. M. on August 27 he went into a collapse, and died shortly afterwards. He was Librarian of the Medical School and Professor of the History of Medicine. The phenomenal growth of the library was due to the untiring efforts and wide knowledge of Professor Cordell. From an insignificant collection of books a few years ago he brought together 11,645 volumes, many current journals and several thousand pamphlets, making our library one of the largest medical college libraries of this country. He regarded almost every book as a personal friend, and some of them as honored and intimate companions. He was an authority on the history of medicine in general and on that of Maryland in particular. He was the author of the "Medical Annals of Maryland," and of two histories of the University of Maryland. All of these publications will become more and more authoritative as time passes, and will be consulted as the fountain heads of information on these matters. He also rescued from oblivion many objects of interest, such as letters, manuscripts, diplomas, portraits, instruments and other mementos of the physicians of an earlier day, which would probably have been lost but for him.

He was a most loyal alumnus of the University of Maryland, and was most enthusiastic in support of anything that promised to advance the institution. He was editor of *Old Maryland,* the official organ of the General Alumni Association, and contributed many instructive articles from his own pen.

Twenty years ago he had a clear vision of the absolute necessity of an adequate endowment of the Medical School, and he not only sounded the clarion note of warning, but set about trying to raise money for this purpose. It is greatly to be regretted that he did not see a greater fruition from his labors; but the seed has been sown, and the harvest will surely come if other faithful men take up the work that he has laid down. At a proper time a suitable memorial of him will be presented in these pages, and we at this time only desire to lay a tribute on his bier. We may secure another librarian who shall be able to discharge the duties of the office efficiently; we may appoint another lecturer on the history of medicine who shall be satisfactory, but we cannot replace the loyalty, the enthusiasm, the altruism and the impelling personality that were combined in Professor Eugene Fauntleroy Cordell.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.

Dr. Nathan Winslow, $10.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

DR. JOHN J. R. KROZER.
Class of 1848.

OUR OLDEST LIVING ALUMNUS.

DR. JOHN J. R. KROZER.

Son of Dr. John E. and Frances Krozer.

Born in Elizabeth City, N. C., August 30, 1827.

Elementary education obtained in private schools and the Virginia Literary, Scientific and Military Academy of Portsmouth, Va.

Matriculated in the medical department of the University of Maryland in October, 1846, from which he was graduated in March, 1848.

Immediately located in Baltimore, where he has ever since practiced his profession.

On April 1, 1913, completed 63 years of practice.

On August 30, 1913, celebrated his 83d birthday at 662 W. Lexington street, where he resides.

It is given to but few to serve his fellow-man over such a space of time, and from present prospects Dr. Krozer still has a number of useful years before him.

He has always been a loyal alumnus, and a credit to the profession and the school which gave him his education.

He is a most courtly gentleman, and much beloved by those who count him among their friends.

His character can best be judged from a line let drop by him in a recent letter, in which he says: "After 63 years of service I am imbued with the determination to wear out and not to rust out."

THE BULLETIN, in behalf of its readers and the Faculty of Physic, desires to extend to Dr. Krozer its felicitations upon the rounding out of such a long and meritorious career.

TO OUR BALTIMORE MEDICAL COLLEGE ALUMNI.

Many inquiries have been coming into this office concerning the eligibility of Baltimore Medical College graduates to the alumni associations of the University of Maryland. It gives us pleasure to announce to our new alumni that they are eligible to membership in both the General Alumni Association and the Medical Alumni Association upon the same terms and with the same privileges enjoyed by the graduates of the University of Maryland. Membership in the General Alumni Association can be obtained by the remittance of $1 to the treasurer, Eugene W. Hodson, Phar. D., in care of Thomas & Thomson, corner Baltimore and Light streets, Baltimore, Md. The annual dues in this association are $1.00, which carries with it a subscription to *Old Maryland*, the official organ of the General Alumni Association. Membership in the Medical Alumni Association can be attained by applying to Dr. John Houff, 15 North Monroe street, Baltimore, Md., for application slip. Before being enrolled in this society the application must be sanctioned by the executive committee, then voted upon at the annual meeting. In this association the dues are likewise $1.00 annually, payable in advance. Members in good standing are entitled to tickets of admission to annual banquet. No mention has been made of initiation fee, for there is none, nor is there life membership in either. The General Alumni Association does, however, issue a certificate of membership upon the payment of fifty cents additional.

Any other inquiries will be gladly answered by this office.

THE PATHOLOGICAL ENDOWMENT FUND.

Dog days, sultry weather, everybody away, nothing doing; but don't let these facts discourage you. Step up and hand in your subscriptions.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00

1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
Total subscriptions to Sept. 1, 1913	$10,635 17

NEW SUBSCRIPTIONS IN AUGUST, 1913.

Dr. J. Sterling Gaetty, 1906	5 00
Total for August	$5 00

ITEMS

The University Council, whose duty it is to formulate the scheme of studies to be pursued by students desiring both an academic and a professional, or scientific degree, and to act upon such other matters as may be brought before it, is as follows:

The Chancellor, Hon. Phillips Lee Goldsborough, Governor of Maryland.

The Provost, Thomas Fell, Ph.D., LL.D., D. C. L., president of St. John's College.

Philemon H. Tuck, A.M., LL.D., for St. John's College.

Professors R. Dorsey Coale, Ph.D., and Randolph Winslow, A.M., M.D., LL.D., for School of Medicine.

Professors Henry D. Harlan, LL.D., and Henry Stockbridge, LL.D., for School of Law;

Professor T. O. Heatwole, M.D., D.D.S., for School of Dentistry.

Professor Charles Caspari, Jr., Phar.D., for School of Pharmacy.

According to the 1913-1914 announcement, the Board of Regents of the University of Maryland is as follows:

Thomas Fell, Ph.D., LL.D., D.C.L., Provost; R. Dorsey Coale, Ph.D., M.D.; Randolph Winslow, A.M., M.D., LL.D.; Thomas A. Ashby, M.D., LL.D.; Hon. Henry D. Harlan, LL. D.; L. E. Neale, M.D., LL.D.; J Holmes Smith, M.D.; Hon. John C. Rose; D. M. R. Culbreth, Ph.G., M.D.; John C. Hemmeter, M.D., Ph.D., LL.D.; Charles Caspari, Jr., Phar.D.; Daniel Base, Ph.D.; Henry P. Hynson, Phar.D.; Hon. Henry Stockbridge, LL.D.; Philemon H. Tuck, LL.D.; Thomas Fell, Ph.D., LL.D., D.C.L.; Edgar A. Poe, Esq.; Arthur M. Shipley, M.D.; Joseph C. France, Esq.; Timothy A. Heatwole, M.D., D.D.S.; Hon. Robert Moss; David Streett, A.M., M.D.; Samuel K. Merrick, M.D.; Ridgely B. Warfield, M.D.

Dr. A. L. Fehsenfeld, class of 1909, Fairview and Garrison avenues, Fifteenth Ward, has been selected as a medical examiner of schools, to take effect upon the reopening of the schools this month. Formal announcement of Dr. Fehsenfeld's appointment was made by Health Commissioner Gorter.

Dr. Joshua W. Hering, class of 1855, of Westminster, Md., who has been ill at his home for some time, has tendered his resignation as a member of the Public Service Commission to Governor Goldsborough. The resignation will take effect September 15, 1913.

Dr. J. William Funk, class of 1888, paid a short visit to Ocean City, Md., where he was registered at the Maddox Cottage.

The following is a list of those who passed the Maryland State Board Medical Examination, held in Baltimore, June 17-20, 1913, and to whom licenses were granted to register as physicians and surgeons:

Philip J. Bean, Earle G. Breeding, Francis F. Callahan, Leo M. Cavanaugh, Frederick L. Detrick, George W. Disbrow, John B. Donovan, Leonard Hays, Clarence W. Judd, Howard E.

Lecates, Franklin D. Murphy, Elmer Newcomer, Walter A. Ostendorf, William H. Toulson, Edgar E. Travers and Humphrey W. Butler, all of the class of 1913; Charles F. W. Bove and John W. V. Clifft, both of the class of 1913, Baltimore Medical College; Edwin V. Whitaker and Bertrand Allen Lillich, class of 1912, and Richard C. Dodson, class of 1911.

The University of Maryland record at the recent State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1.....	1911	75	..	79	..	75	..	..	91	..	...	..
*6.....	1912	75	..	75	..	75	..	..	..	..	...	..
11.....	1911	77	75	75	70	69	68	63	67	75	639	71
14.....	1912	84	75	71	78	75	96	75	86	75	715	79
17.....	1913	72	74	83	92	70	75	75	85	76	702	78
18.....	1911	55	60	61	77	75	53	54	57	52	544	60
19.....	1913	84	76	93	90	82	87	76	87	75	750	83
27.....	1912	73	67	95	80	63	72	69	78	68	665	74
28.....	1913	70	77	94	96	75	96	63	100	63	734	81
29.....	1913	83	76	90	89	75	84	77	92	75	741	82
31.....	1913	91	82	94	89	88	81	79	94	93	791	88
36.....	1913	78	70	78	87	75	75	75	75	69	682	76
41.....	1913	96	77	95	88	75	87	77	94	96	785	87
44.....	1913	90	80	93	94	81	90	65	88	88	769	85
*45.....	1913	77	68	00	83	59	80	75	79	60	581	64
48.....	1913	81	73	84	80	76	75	75	67	75	686	76
50.....	1912	81	..	79	..	..	80	..	..	78	...	..
56.....	1913	78	66	49	75	64	78	63	76	73	622	69
59.....	1913	47	73	85	84	65	69	77	84	75	659	73
68.....	....	79	..	..	..	..	89	79	..	81	...	..
*70.....	1913	85	74	84	81	91	94	88	89	82	768	85
*71.....					Failed to appear.							
76.....	1913	75	72	83	93	79	99	75	80	82	738	82
83.....	1913	64	78	79	97	75	60	75	71	76	675	75
88.....	....	76	..	..	..	..	82	85	..	75	...	..
89.....	....	75	..	..	..	..	97	94	..	84	...	..
90.....	....	92	..	..	..	..	99	93	..	83	...	..
92.....	....	85	..	..	..	..	97	80	..	78	...	..
93.....	....	90	..	..	..	..	97	89	..	83	...	..
94.....	....	80	..	..	..	..	86	84	..	80	...	..
96.....	1913	71	76	92	91	62	89	60	76	59	666	74
97.....	....	76	..	..	..	..	94	77	..	75	...	..
98.....	....	73	..	..	..	..	77	75	..	67	...	..
99.....	....	79	..	..	..	..	75	81	..	80	...	..
100.....	....	91	..	..	..	..	100	76	..	83	...	..
102.....	....	94	..	..	..	..	91	79	..	75	...	..
103.....	1913	84	82	81	93	75	75	88	96	82	756	84
105.....	1912	97	77	82	75	66	95	75	61	84	712	79
106.....	....	80	..	..	..	..	89	62	..	64	...	..
107.....	1913	73	80	88	94	75	60	80	71	63	684	76
111.....	....	80	..	..	..	..	90	90	..	84	...	..
113.....	....	83	..	..	..	..	95	89	..	75	...	..
114.....	1913	93	91	89	80	75	88	75	87	89	767	85
121.....	....	96	..	..	..	..	95	89	..	90	...	..
123.....	....	90	..	..	..	..	77	78	..	81	...	..
125.....	....	94	..	..	..	..	99	93	..	75	...	..
129.....	....	74	..	..	..	..	84	79	..	80	...	..
132.....	1913	90	79	82	89	80	88	67	81	94	750	83
136.....	1913	87	76	88	93	82	84	83	85	80	758	84

*B. M. C.

Dr. Wilmer Brinton, class of 1876, is among the recent arrivals at Bay Head, N. J.

Dr. Charles H. Conley, Baltimore Medical College, class of 1899, of Frederick county, Maryland, has announced his intention of resigning as chairman of the Frederick County Central Committee, which position he has held for the past six years. Dr. Conley is also a member of the State Central Committee.

The new members of the Faculty of Physic for the year 1913-1914 are:

Drs. David Streett, Samuel K. Merrick and Ridgely B. Warfield.

The following comprise the Board of Instruction for the ensuing year:

SAMUEL C. CHEW, M. D., LL. D., Emeritus Professor of Medicine.
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Dr. Edgar M. Parlett, Baltimore Medical College, class of 1902, is located at New Castle, Pa.

DEATHS

Dr. John Francis Graham, Baltimore Medical College, 1896, died at his home in Marion, Ind., recently, aged 62 years.

Dr. John W. McPherson, Baltimore Medical College, 1898, of Haw River, N. C., died suddenly at the home of his father in Liberty, N. C., July 27, 1913, aged 40 years.

Dr. Eugene Fauntleroy Cordell, class of 1868, M.A., University of Maryland, 1907, Professor of the History of Medicine and Librarian, died at his home, 257 West Hoffman street, Baltimore, Md., Wednesday, August 27, 1913, aged 70 years.

Dr. Cordell was a native of Charlestown, Va. (now West Virginia). He was born June 25, 1843; was the son of Dr. L. O'Connor Cordell and Christine Turner Cordell, grandson of Presley Cordell, great-grandson of George Edwards Cordell and great-great-grandson of Rev. John and Elizabeth Cordell, who emigrated to America from Wiltshire, England, in 1743, and settled in Virginia.

Dr. Cordell acquired his elementary education at Charlestown Academy and the Episcopal High School near Alexandria, the diocesan school of Virginia. He entered the service of the Confederate States, July 11, 1861, after receiving a military training at the Virginia Military Institute. His first assignment was as drillmaster to the Third Regiment of the Wise Legion, then oc-

cupying Kanawha Valley, in the western part of Virginia, afterwards known as the Sixteenth Virginia Infantry. He served through the entire war in the fighting department, successively as drillmaster, sergeant-major, lieutenant and adjutant-general of the brigade. He was several times wounded and was twice taken prisoner. He returned home June 23, 1865. Upon his return he taught school one winter, and in the spring of 1866 took up the study of medicine at the University of Maryland, where he graduated from the medical department in 1868. For the next year and a half he was assistant physician at the University Hospital, and then engaged in the general practice of his profession in the city of Baltimore.

For more than 35 years Dr. Cordell was a conspicuous figure in the medical history of Baltimore and its institutions of medical instruction. He was attending physician to the Baltimore General Dispensary from 1869 to 1872; librarian of the Medical and Chirurgical Faculty of Maryland in 1870-71, and again from 1880 to 1887; co-editor of the MARYLAND MEDICAL JOURNAL from 1880 to 1882; one of the founders of the Woman's Medical College and its professor of Materia Medica and Therapeutics, 1882-84; professor of Principles and Practice of Medicine, 1884-1903; attending physician to Good Samaritan Hospital, 1882-1903; president of the Hospital Relief Association, 1893-97; president of the Medical Society of the Woman's Medical College, 1884-86 and 1899-1901; president of the Medical Society of the University of Maryland, 1897-98; editor of the *Bulletin* of the Medical Society of the Woman's Medical College, 1894-98; president of the Johns Hopkins Hospital Historical Club, 1902-04; president of the Medical and Chirurgical Faculty of Maryland, 1903-04; honorary professor of the History of Medicine and librarian University of Maryland School of Medicine, 1903-04; editor of *Transactions of Medical and Chirurgical Faculty*, 1904; author of "Historical Sketch of University of Maryland," 1891; author of "The Medical Annals of Maryland," 1903; editor-in-chief of "*Old Maryland*," the official organ of the General Alumni Association of the University of Maryland, 1905-1913; member of the board of trustees of University endowment fund; author and editor of numerous papers and addresses on historical, medical and literary subjects; founder of the Endowment Fund of the University of Maryland and the Home for Widows and Orphans of Physicians, and the originator of the Association of American Medical Colleges.

Dr. Cordell married Louisa Tazewell Southall, daughter of Dr. James Barrett Southall of Smithfield, Isle of Wight county, Virginia. Four children were born of this marriage, three of whom are now living.

Since publishing the notice in the June issue of the death of our oldest alumnus, Dr. John W. C. O'Neal, class of 1844, who died at his home in Gettysburg, Pa., April 24, 1913, from senile debility, aged 92 years, we have come into possession of fuller particulars concerning his varied and active life, which we take great pleasure in publishing for the benefit of our readers.

"Dr. J. W. C. O'Neal, one of Pennsylvania's oldest physicians and one of Gettysburg's most honored residents, died at his home on Carlisle street at 11.50 Thursday night, aged 92 years and three days.

"Dr. O'Neal's excellent health with which he was endowed during a long and active life continued almost to the end, and he was able to be about until a few weeks before his death.

"During Dr. O'Neal's career as a physician he came into close touch with scores of Gettysburg families, and these, together with his many other friends, held him in the highest esteem. He was beloved by many, as was shown by the earnest solicitude of his large circle of friends during the illness of the past several weeks, which finally terminated in his death.

"For the greater portion of his life in Gettysburg he resided on Baltimore street, but a few years ago he gave up his home there in order to allow the use of that section for the new Federal building. Since then he resided on Carlisle street. Dr. O'Neal was successful not only in his profession, but in his affairs of business. He was public-spirited and progressive, taking a keen satisfaction in everything that made for the betterment of the town. But his interests lay not here alone, and he was widely known in the State through his membership in prominent organizations and participation in other activities. He was uniformly courteous—the typical 'old school gentleman'—and his death means the loss of one of Gettysburg's most esteemed residents.

"Dr. O'Neal was born in Fairfax county, Vir-

ginia, of Irish and American parentage. He received his classical education at Pennsylvania College, Gettysburg, and he later took up the study of medicine with Drs. John Swope of Taneytown and N. R. Smith of Baltimore. He attended the medical department of the University of Maryland, and received his degree of doctor of medicine from that institution in 1844. In the spring of that year he settled in Hanover, which he made his home for five years, moving to Baltimore in 1849. He finally came to Gettysburg, in 1863, and made his home here ever since that time.

"He rendered valuable service to wounded soldiers at both Antietam anad Gettysburg, and enjoyed a large practice in this town and county. He was one of the founders of the Adams County Medical Society, its first treasurer and later its president. Dr. O'Neal was a member of the Pennsylvania Medical Society and the American Medical Association. He contributed many valable articles to medical journals, and was widely recognized as a physician of ability.

"For three years during his residence in Baltimore Dr. O'Neal was a Commissioner of Public Schools in that city, and during that period was vaccine physician of the Twentieth Ward.

"In 1877 and 1886 he was delegate from Pennsylvania to the Maryland State Medical Society, and for many years he was a member of the Board of Commissioners of Public Charities of the Commonwealth of Pennsylvania, taking office in 1883 and serving continuously for almost a quarter of a century. He was one of the delegates to the National Medical Association from this State in 1884, and his membership in that body dated from that time. He also represented this State in the Thirteenth National Conference of Charities and Correction at St. Paul, Minn., in 1886.

"Dr. O'Neal and Miss Ellen Wirt, daughter of Henry Wirt of Hanover, were married in 1847. Mrs. O'Neal died a number of years ago, and he leaves five children—Mrs. Mary Crapster of Taneytown, Mrs. J. T. Huddle of Washington, D. C.; Dr. Walter H. O'Neal, Miss Katie O'Neal and Miss Annie O'Neal of Gettysburg.

"Funeral service was held at his late home at 10.30 o'clock Monday morning, conducted by Dr. T. J. Barkley. The body was taken to Hanover, leaving Gettysburg at 12.55 Monday afternoon. The interment at Hanover was private."

Dr. William Wyatt Wiley, class of 1871, of Cumberland, Md., one of the oldest and most prominent physicians of Western Maryland, died after a lingering illness at his home, August 27, 1913, aged 64 years.

Dr. Wiley was the son of Rev. John Wiley and Sarah A. Morrell. His early education was acquired at Charlotte Hall in St. Mary's county. He received his medical education at the University of Maryland Medical School, where he matriculated in 1868, graduating in 1871. He was for twelve years a member of the Maryland State Board of Medical Examiners, a member of the American Medical Association, Maryland State Medical Society and Cumberland County Medical Society. On February 24, 1876, Dr. Wiley married Lillian E. Ogilby, who survives him; also three children, Mrs. John L. Wellington, Mrs. Harry E. Weber and Miss Sarah V. Wiley. Dr. Wiley took a leading interest in civic matters and was an active Democrat.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., of THE HOSPITAL BULLETIN OF THE UNIVERSITY OF MARYLAND, published monthly at Baltimore, Md., required by the Act of August 24, 1912.

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NATHAN WINSLOW, Editor.

Sworn to and subscribed before me this 10th day of September, 1913.

J. ALEX. HILLARY, JR.,
Notary Public.
(My commission expires May 4, 1914.)

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Vol. IX BALTIMORE, MD., OCTOBER 15, 1913 No. 8

AS a slight token of appreciation of his efforts in behalf of the University of Maryland, this issue of THE HOSPITAL BULLETIN is lovingly dedicated to the memory of **Eugene Fauntleroy Cordell, A.M., M.D.**, class of 1868, late Professor of History of Medicine in the University of Maryland. A man who did much to elevate the standards of our profession, and an alumnus who believed in deeds rather than words. If the University of Maryland weathers the vicissitudes of time, it will largely have been through his labors in creating the Endowment Fund and that priceless heritage "The University Idea." It was almost entirely through his efforts that we came to realize our potential strength. It is, therefore, befitting that we pay homage to his memory.

MARYLAND'S MEDICAL HISTORIOGRAPHER.

By Lewellys F. Barker, M.D.

In the death of Dr. Eugene F. Cordell, the medical profession of Baltimore and the State of Maryland has suffered the loss of an unusual man. The profession in any locality that finds a conscientious historiographer to collect and to treat critically the documents bearing upon its early representatives before too much of the material has been lost is indeed fortunate. And such collection and criticism have been the work to which Dr. Cordell devoted a large share of his time and his energy. As the Medical and Chirurgical Faculty grows older it will increasingly value the result of the tranquil labors of the modest and faithful scholar whose death we have recently been called upon to mourn.

In 1891 the *Historical Sketch of the University of Maryland School of Medicine* (1807-1890), by Dr. Cordell, was published. In this volume the work begun by the Wiesenthals, Buchanan, Davidge, Potter, Cooke, Stone, Bond and Donaldson is outlined, and the facts of interest connected with the development of the school and its progress through the past century are succinctly recorded. Unless one has read the volume, and has examined the many references to original sources, he can have but little idea of the amount of patient research which the compilation necessitated. In it are to be found many details regarding the lives of former professors—DeButts, Gibson, Pattison, Dunglison, Bartlett, Power, Frick, Hammond, N. R. Smith, W. T. Howard and others. Serious students of this period will always find in the volume data to which they will be glad to have recourse.

In 1903 Dr. Cordell completed *The Medical Annals of Maryland* (1799-1899), a volume of 889 pages, using Dr. John R. Quinan's *Annals* as a basis, but extending them and including a vast body of information collected from "a thousand sources and an extensive correspondence." It is, as the author intended it to be, "a volume which will, for all time to come, be regarded as authoritative in all matters relating to the medical history of the State." Aside from the importance of its three main sections—historical, biographical, chronological—these *Annals* contain a series of 12 memoirs of Scott, Archer, Martin, Crawford, Godman, Jameson, G. Frick, Gibson, C. Frick, N. R. Smith, C. Johnston and F. Donaldson; they are painstaking records of a group of notable Maryland medical men.

In 1907 appeared the two large volumes dealing with the history of the *University of Maryland*, 1807-1907, edited by Dr. Cordell (then honorary professor of the history of medicine in the university). The historical part of the volume was almost entirely from the editor's pen, and forms a record which is not only a source of pride and interest to every alumnus of the university, but an invaluable contribution which must be consulted by all who undertake the thorough study of the rise of educational institutions in Maryland.

Loyal, as every earnest man should be, to groups and institutions with which he was personally identified, there was nothing chauvinistic about Dr. Cordell. On the contrary, he numbered among his close friends many members of other groups who had interests related to his own, and he will be especially remembered by his contemporaries as one who did much to promote "unity, peace and concord" in the profession as a whole.

His humanitarian instincts were unusually developed; in this connection his efforts toward establishing the Home for the Widows and Orphans of Physicians are fresh in our minds. But, simple and unostentatious as he was, much of his sympathy was given quietly to those who needed it; and concerning this side of him

"* * * that best portion of a good man's life,
His little, nameless, unremembered acts
Of kindness and of love * * *"

the world will never fully know.

Dr. Cordell was singularly free from that "spirit of wordliness which makes a man love show, splendor, rank, title and sensual enjoyments;" few men become less entangled than he in the temporal and visible. We medical men of Maryland can only be grateful that this gentle and generous spirit has lived among us, a man

Whose powers shed round him in the common strife
Or mild concerns of ordinary life
A constant influence, a peculiar grace!

"OLD MORTALITY."

By Howard A. Kelly.

On August 28, 1913, after a 70 years' pilgrimage, our old friend, Eugene F. Cordell, deprived us, by his death, of a valuable medical historian. Although he was born in Virginia, and went as a lad to the school at Charlestown, it was at the University of Maryland that he graduated in medicine (1868), and for many years was a member of her faculty as professor of the history of medicine, and professor of the principles of the practice of medicine at the Woman's Medical College, Baltimore. He was also president of the Medical and Chirurgical Faculty of Maryland in 1904.

But, independently of his medical work, he might be esteemed as the "Old Mortality" of Maryland, for, with patient, unflagging industry, he gathered materials for his *Historical Sketch of the University of Maryland School of Medicine* (1891), then with fresh energy began his larger work, *The Medical Annals of Maryland* (1903), a whole hundred years of them, rich in biography and portraits, and, best of all, entirely dependable for accuracy. I remember, when he was sending me various Maryland biographies for my *Cyclopaedia of American Medical Biography*, how, from time to time, there would arrive little notes in his cramped handwriting asking me to correct an error in his MSS., and I never had to review any of his statements. Only those who have wearily waded through sheafs of old records to compile medical biographies can appreciate what such a reliable helper means.

Six years ago the fruitful field of Maryland medical history was again dug over; this time by a body of associated editors, Dr. Cordell at their head, the result being two volumes concerning *the University of Maryland* (1907). Yet, while working on this, the indefatigable doctor edited *Old Maryland*, a journal first issued in 1905, enriching it with many historical sketches, notably his *Recollections of Slave Days and War Times.*

The historian himself has now become part of the history of Maryland, and it surely becomes us, who have benefited by his researches, to see that medical men in years to come shall find in the annals a grateful appreciation of all he did for us while sojourning in our midst.

DR. EUGENE FAUNTLEROY CORDELL AND THE ENDOWMENT FUND OF THE UNIVERSITY OF MARYLAND.

B. Merrill Hopkinson, D.C.D., A.M., M.D.

Dr. George W. Miltenberger, of honored and cherished memory, gave a motto to the Alumni Association of the medical department of the University of Maryland at the time of its foundation which applies with unusual force and depth of meaning today, when we are called upon to keep reverently and lovingly in mind our recently deceased alumnus, Eugene Fauntleroy Cordell, and, even though in an inadequate and halting manner, to present a memorial of his life and work. Knowing him as I did, it is my sincere belief that he would rather have posterity say of him, *"filius sim dignus, ista digna parente,"* thus honorably placing him in intimate filial relation with the institution he so dearly loved, than to remember him in any other possible way.

It is extremely difficult in such a paper as this to do more than touch upon some one activity of this devoted man in the interest of his Alma Mater.

His worth is to be reviewed by many abler men than the writer, and I think I will content myself with briefly writing of that which I believe he regarded as his *magnum opus*, in relation to his life work; and I am sure this will be readily conceded by all to be his founding of the endowment fund for the university.

Our renowned institution has had a mighty host of worthy sons, but it can be written without fear of contradiction that Dr. Cordell was *facile princeps* in his unwavering and unwearying sacrifices to advance her interests.

In my opinion, his was an unique character, inasmuch as he gave little thought, aside from his devotion to his family, to any object in life other than the promotion of the university, for he ever disregarded his own preferment, and worked day and night for a fund which was his creed and the object to be attained above all things else during his earthly pilgrimage. It was my privilege to serve with him upon the first endowment committee, appointed by the Alumni Association, several years before Dr. Cordell founded the General Alumni Association, which afterwards became the body to which we were accredited, and

to which we reported. I am at this time one of the permanent trustees of the endowment fund, an honor I think I owe to Dr. Cordell, and in my service in this capacity I have had ample opportunity to witness the flaming zeal of the man who has worked unceasingly for that which must be—nay, now is—an absolute necessity, if our beloved school is to be perpetuated.

Incidents without number could be related, did space permit, to show his absorption in his heart's theme. The burden of his thoughts in his frequent visits in past years to my office was "Endowment," showing a veritable obsession and an indefatigable love for the institution which had honored him, and which was to him the ruling passion of a blameless life.

In the final analysis I am sure it will be said of Dr. Cordell that no alumnus ever did more with the opportunities afforded, and the light given him, than has this consecrated man, who gave us at least the foundation, from which enlargement must flow our future vital current, and who, years ago, had the prescience to discern the trend of the times; to forecast and develop the only scheme whereby a century of noble and useful activity might be preserved from ignominious oblivion.

Those of us who have attained middle life will never look upon his like again; and we can only hope that the future may evolve a man who will possess some of the undiminished ardor and fidelity of Eugene Fauntleroy Cordell.

It seems to me that it would be eminently fitting as an enduring monument to him, and one that will outlast anything tangible in bronze or stone, that his name be officially and indissolubly linked with the endowment fund.

LIFE OF EUGENE F. CORDELL, A.M., M.D.*

By Henry E. Shepherd, M.A., LL.D.

Eugene Fauntleroy Cordell, A.M., M.D., (born at Charlestown, W. Va., 1843) is professor of the history of medicine and librarian in the department of medicine in the University of Maryland. He served with distinguished honor in the Confederate Army, was wounded three times, twice captured, once making his escape, and was especially complimented for gallantry. He received the degree of M.D. from the University of Maryland in 1868.

Dr. Cordell has occupied several positions of honor and trust in the medical institutions of Baltimore, and is foremost in every enterprise having for its aim the advancement of culture in his own professional sphere and in the broader field of literary and historical acquirement. Among the notable movements with which he has been conspicuously identified are the foundation of the "Association American Medical Colleges," the "Home for Widows and Orphans of Physicians, Inc."

The work of authorship and research in the department of medicine represents but one phase of Dr. Cordell's intellectual activity.

In addition to a goodly array of technical studies, he has contributed to the foremost medical journals, monographs, special investigations, etc.

Dr. Cordell is the author of the Medical Annals of Maryland, the centennial memorial volume of the "Medical and Chirurgical Faculty of Maryland," 1903, and the "History of the University of Maryland," in two volumes, 1907. These works involved immense research and multiform labor in their preparation, and are regarded as the highest authority in reference to the renowned and ancient institution to whose history they are devoted. To his energy and inspiration is also to be attributed the existence of "*Old Maryland*," of which he is the owner and editor, as well as the originator, and which blends the fine flavor of pure literary culture with its scientific or professional character. Dr. Cordell is an assidious follower of the muses, and his essays, addresses, etc., are marked not by critical discernment alone, but by graceful and ennobling scholarship. Among these his study of Horace of Juvenal, his Latin Ode, Centennial of the University of Maryland, 1907; his sketch of Dr. Wiesenthal, are worthy of especial recognition and commendation.

Dr. Cordell presents a happy illustration of the union of the literary and the scientific temperaments. It is an ideal harmony, and has been frequently revealed in the foremost lights of the medical profession from the time of Sir Thomas Browne unto the present day.

*Taken from "The Representative Authors of Maryland."

EUGENE FAUNTLEROY CORDELL, M.D.

By Rev. Horace Edwin Hayden, M.A., 1891.

Married September 12, 1873, Louisa Tazewell Southall, Smithville, Va., daughter of Dr. James and Martha (Tazewell) Southall. Dr. Cordell entered Virginia High School, which he left in 1861 to enter the Confederate States Army. Being only 17, parental care withdrew him from the field and entered him at the Virginia Military Institute, June 14, 1861. July 4, 1861, he left Lexington and joined the command of Gen. Henry A. Wise; was assigned to duty as drill master in Company E, Third (Regular Sixtieth Virginia Infantry) Wise Legion; November 1, 1861, appointed sergeant-major of the regiment and acting adjutant. In the battle of Gaines Mills and Frazer's Farm he commanded Captain Dew's company at the request of the captain, and led them into action. Of his conduct during the Seven Days' Battle, June and July, 1862, Colonel Starke of the Sixtieth Regiment, says in his official report: "I would be doing injustice to Sergeant-Major Cordell, a mere youth, were I to omit calling especial attention to the coolness and soldierly bearing that marked his conduct throughout. He is a young officer of great promise." (Official Record, Union and Confederate Armies, S. D. Vol. XI, Pt. H., p. 851). In August, 1862, he was promoted to second lieutenant, Company C, same regiment, and January 26, 1863, provost-marshal and commander of post at Narrows of New River, W. Va. May 28, 1864, promoted acting assistant adjutant general of the brigade, then commanded by Colonel Fosburg, Fifty-first Virginia Regiment. He took part in the action at "New Hope" Valley of Virginia in the spring of 1864. Of his conduct at this time Col. B. H. Jones, then commanding the First Brigade, Army of the Valley, wrote: "I feel that distinctions are invidious where so many, both officers and men, did their whole duty so long as resistance held out the faintest prospect of success, yet I cannot omit noticing the intelligence and calm courage of A. A. Gen. Eugene F. Cordell as displayed throughout the engagement." (*Southern Opinion,* September 14, 1867.) He was seriously wounded twice in the battle of Winchester, September, 1864, but returned to duty in two weeks before his wounds had healed; was captured with Early's command by Sheridan at Waynesburg, March, 1865, and confined in Fort Delaware until discharged, June 23, 1865. He was captured once before, but made his escape. Dr. Cordell's reminiscences of his army life are full of interest, but too long to be inserted here in full. He graduated M.D., University of Maryland, 1868; is a practicing physician in Baltimore, Md.—*Virginia Genealogies.*

AN APPRECIATION.

By Judge Walter I. Dawkins.

Doctor Eugene Fauntleroy Cordell died on August 27, 1913. It is always proper and right that the living should pay affectionate tribute to the memory of those who have preceded them in that inevitable pilgrimage through the shadows that darkly trail beyond the borders of the desert to the far, fair fields of Paradise.

"All that tread the globe
Are but a handful to the tribe that slumber in its bosom."

So remembering and forgetting not, we recall again the name of one who has been in inspiration to all connected with the University of Maryland.

Whilst Dr. Cordell was among the oldest and most respected physicians of the City of Baltimore, he was a native of our sister State of Virginia, but the place of his nativity seems to have inspired him all the more to work for the interest of the university, in which he was practically all of his life interested.

After a somewhat prominent service in the Civil War, in which he fought for his deep-fixed convictions of right, he came to Baltimore, and from 1866, the time that he entered the University of Maryland as a student, he was connected with the institution, and gave of his time and service as much, if not more, than any man among its whole list of distinguished teachers and students.

Much of the work of Dr. Cordell was done in a quiet and unassuming manner, without the general public or even his own professional brethren knowing of his truly great service for his Alma Mater. For a period of nearly fifty years he manifested in every way this abiding and never-flagging interest. It would seem unnecessary to at-

tempt to recount his services in connection with *"Old Maryland,"* the University publication, which he founded and conducted without profit to himself—save as a "labor of love"—or to mention his continuous work in trying to establish an endowment fund for the university.

Dr. Cordell was an indefatigable worker in the various organizations connected with the university work. Everybody who has known of the life of the university for the last half century must surely know of this devoted service, and of the fact that whatever interested the university was of interest to him. Even though one did not agree with the views of Dr. Cordell,—because a man of his strength of character and deep convictions could hardly have been in accord at all times on all questions with those with whom he worked,—yet there could be no doubt by those who differed from him, that he was always sincere and that he was a manly man who loomed large among his fellows.

He was a conscientious physician, a soldier of merited high rank, and a man whose veins tingled with the red blood of self-denying service to the institution in which he was so much interested.

Those of us who worked with him always recognized the power of his reasoning and his absolute sincerity of purpose.

In the death of Dr. Cordell the University of Maryland has suffered a severe loss, the profession of medicine has lost a faithful disciple who held up the high ideals of the profession, and his adopted State and city have parted with an upright and useful citizen. We cannot understand, but viewing this life as we know it, we can well say:

"Life is a mystery as deep as ever death can be,
Yet, oh, how sweet it is to us, this life we live and see."

A FEW REMARKS.

By D. W. Cathell.

I would most willingly attempt to depict the life and character of our lamented fellow-laborer in the medical field, the late Professor Cordell, with whose work and worth I have been familiar for the last forty years, were it not that my feeble pen would be wholly unable to draw a picture of this very remarkable man, that would either do justice to him personally, or to his great and unselfish labors in behalf of the University of Maryland, the Medical and Chirurgical Faculty, and numerous important adjuncts connected with them, to all of which one might truly say he devoted the best hours of his life.

His scholarly attainments, his spotless personal character, his lofty estimate of honor and professional dignity, his correst judgment on moot questions ethical, his great love for truth and justice, and his utter contempt for falsity and intrigue of every kind; his unselfish and charitable disposition, his fidelity to all professional honors and duties, his impartial judgment and accuracy as a medical historian, his accuracy and taste as a medical writer and as a literary critic, his life-long devotion to medical study, and the numerous other virtues and good qualities that met in him, all united to make Prof. Eugene Fauntleroy Cordell a truly remarkable man, worthy of a far, far greater pen than mine.

AN ESTIMATE OF THE LATE PROFESSOR CORDELL.

By Harry Adler, M.D.

With the demise of Dr. Eugene Cordell, a unique figure is removed from our midst. As professor of the history of medicine he filled the chair with credit to himself and benefit to all who came under his influence. He wrote a history of the University of Maryland, which will live as long as the University exists. He collected a library which is one of its most valued possessions. He founded and edited a monthly journal which has served to bring the University in closer touch with its alumni. Worthy of note as these achievements are, it is not through them that he has endeared himself to all identified with the University of Maryland. It is his untiring efforts for its progress, his ambition for its future that places him so high in our esteem.

An idealist by nature, he steadfastly held the highest ambition for our University; a close observer of medical progress he clearly recognized its needs; his aim in life was to see the fulfillment of his hopes for the institution he so dearly loved. Ever alert for its welfare, devoting to it his time and energy, although naturally of a mild disposition, he had no patience with those who looked upon his views as visionary or doubted

the practicability of his methods. If his efforts were crowned with but partial success, it was only that, in common with many men of inspiration, he had too many critics, too few followers.

To those who love the University of Maryland, Dr. Cordell is not dead; to those who hope to see it take its proper place among the foremost universities of the land, he will ever live as a model of devotion, an example of altruism and an inspiration for continued effort along the lines he has established.

PERSONAL RECOLLECTIONS OF DR. E. F. CORDELL.

By T. A. Ashby, M.D.

I first made the acquaintance of Dr. Cordell soon after I graduated from the University of Maryland in the class of 1873. He had recently married and lived on North Charles street near Lexington, as well as I remember. After I became the resident physician to the University Hospital, in the spring of 1875, I saw him frequently, as he was at that time, as during the remainder of his life, greatly interested in work of the University. In the spring of 1877 Dr. H. E. T. Manning, a graduate of the University and a native of North Carolina, brought his wife to the hospital for treatment. She was under treatment for many weeks, and during that time Dr. Manning and I organized and began the publication of the *Maryland Medical Journal.*

Soon after the first number came out Dr. Cordell became interested in the work of the *Journal* and was an early contributor to its pages. The building up of the *Journal* was a difficult task at that time, for it was almost impossible to secure material from the profession of this city and State for its columns. Dr. Cordell rendered great service in preparing reports of medical societies and abstracts and extracts from other publications. After two years Dr. Manning retired from the *Journal* and the entire financial and editorial work fell on my shoulders. I was greatly tempted to suspend the publication, but the history of medical journalism in Maryland had been such a dismal failure that I determined I would make the *Journal* a success or go down in disaster with it. I invested quite a sum of money in the work of upbuilding its business and undertook to be both editor and business manager. About that time I associated Dr. Cordell with me as editor, and the *Journal* was published under the name of Ashby and Cordell. I was the sole owner of the publication and responsible for its financial success. I paid Dr. Cordell a salary for his work. He gave me great assistance in the editorial work and was connected with the *Journal* a number of years.

Dr. Cordell was much my senior in years and in experience, and he brought to the aid of the *Maryland Medical Journal* an invaluable assistance at that time. His work was painstaking and thorough. He was a ready writer and compiler, and had literary gifts of a high order. He attached the greatest importance to little details, and would worry more over a misplaced comma or small typographical error than over a poor article or indifferent society report. He was a most conscientious worker and always had at heart what he thought was for the best interests of the medical profession. His sole idea was to advance the standards of his profession, and to this end he was ever willing to sacrifice all of his personal interests.

In 1882, when the Woman's Medical College was founded, I became again associated with Dr. Cordell in this work, and for many years we were very close. Dr. Cordell was the leading spirit in the upbuilding of this college and gave the very best years of his life to the work of female medical education. He was always looking ahead for advances in the curriculum and for higher standards of entrance requirements and final examinations. He thought nothing of numbers, but wanted high standards of scholarship. The financial side of the work never appealed to him in anything he did. His whole idea was to do good work and to uplift standards in medical teaching and in medical literature. He gave his entire life to lines of study and work which no member of the medical profession in this State has ever ventured to undertake. He was preeminently a student of medical history in Maryland, and in his researches brought to light facts which would never have been known but for his industry and painstaking labors. His History of the University of Maryland is a model of labor and patient study. Its value to the old University can never be too highly appreciated.

For many years Dr. Cordell was the librarian of the Medical and Chirurgical Faculty. He found this old library a collection of old books

and pamphlets in great disorder and of little value. He reorganized the library and placed it in a position of great value to the profession. The present library is built on the foundation he made, and its present position is largely due to the great work he did.

He was selected as the editor of the "Centennial History of the Medical and Chirurgical Faculty," and this monumental work will for all time keep his name before the medical profession of this State. He will live in the history of the medical profession of Maryland long after many of its most renowned members have been forgotten.

In more recent years Dr. Cordell has given his best efforts to the library of the University of Maryland. He found this old collection in the most dilapidated condition, and by his devotion to the work has established a library of great value. He began a few years ago the publication of *Old Maryland* on his own responsibility, and he has made this publication a work of the greatest importance to the University. In all his efforts he has had but one thought—the gradual uplift of the University. He has advocated single-handed and alone, for the most part, the consolidation of the departments and the unification of the University on a basis of strength and power. His loyalty to the University has at times exceeded the possibilities he was trying to bring about, but in this zeal his work has at length reached a position he has long tried to accomplish.

Dr. Cordell's interest in the University has been of the most unselfish character. He has labored without adequate compensation, giving his time, thought and energies without hope of pecuniary reward. No man connected with the University of Maryland has done more for its advancement, and no man connected with its work in the past will live longer in its future life.

I knew Dr. Cordell, perhaps, as well as any of his associates, and perhaps was associated with him as closely as any one in the profession. By nature he was reserved and his most intimate friends were kept in the dark as concerned his inner thoughts and private life. We all knew the man by his works and by the simplicity and purity of his life. He was the soul of honor and unselfishness. He was carried along by his ideals and great nobility of purpose. True to every relation of duty and of life, he had in view the great desire to serve his day and generation along lines of work that would be of imperishable value. He was a great student of literature and of the classics, and his scholarship was of the highest character considering his opportunities for study. He had his peculiarities of temperament and habits of thought, which were often misunderstood even by his most intimate friends. He was by nature sensitive, but never resentful. He bore no hatred to living man so far as I ever heard him express himself. He was a man of deep religious feeling, without cant, and his life was the expression of his soul, not the demonstration of a religious creed. Before his God and in his relations with his fellow-man he was the true type of the good and upright man. He will long live in the memory of those who knew him as one who did his duty as he saw it and who had the courage and incentive to live up to ideals which many thought impractical.

He goes to his rest with the respect and kind regard which all true men have for the pure and upright in heart.

EUGENE F. CORDELL, THE MAN.

By C. O'Donovan, M.D.

The recent death of Dr. Eugene Fauntleroy Cordell has removed from his activities in Baltimore a remarkable medical idealist. Although he was known by very few of his professional brothers, each busy about his own affairs, those who had the privilege of his friendship had opportunities to catch glimpses of certain aspects of a doctor's life that are seen far too seldom. He was a dreamer who had the gift to dream prophetically, and he lived long enough to see many of his dreams realized. He had no thought of self in his aspirations, but from motives distinctly altruistic he paved the way to concrete results that exceeded all expectation. His love of books and his love of his chosen profession, as expressed in medical and other publications, led him to devote his energy to the preservation of the small library of the Medical and Chirurgical Faculty of Maryland at a time when this precious collection was little thought of and less used; and out of this work as librarian of the faculty was slowly evolved "The Medical Annals of Maryland," a monumental product that will endure as long as the medical profession. And the

library was saved to grow into the splendid collection we know so well.

At a time when medical education in America was a confused jumble of good and bad, his high spirit and systematic mind longed for better things, and he was the first, and one of the strongest workers in Maryland for a high standard of medical education. No one more than he experienced that happiness which comes with the unexpected fulfillment of ideals long hoped for, when the rising tide of reform in medical schools swept over the land.

Another of his great loves was for the University of Maryland. At all times and in all places he urged the necessity of an endowment of her Medical School, and by pen and tongue he worked to achieve this object. Although there was at first little or no recognition of this necessity, gradually he found others less far-sighted than he appreciating the urgent need of what he had proclaimed for years, until now no one questions the wisdom of his prophecy.

Another child of his brain, born of his great charity and love of humanity in distress, will live and grow and carry his name to future generations. Foreseeing that in the natural course of events, either from early death or through stress of circumstances, many families of doctors must be brought face to face with poverty, he organized and worked laboriously, often almost single-handed, to obtain and perpetuate a fund to provide the widows or orphans of physicians with the means to escape at least the bitterest pangs of misfortune. This movement is now well established, and has already proved its usefulness, several worthy cases having enjoyed its relief.

From this it will be seen that Dr. Cordell's high ideals have each had a practical side, and that they have developed in several instances far beyond even his expectations.

A remarkable man truly, modest and retiring in manners, but possessing a soul capable of such exaltation as enabled him to hold tenaciously any position that he considered a true one; a warrior who would stand to his colors as long as life remained. As historian, as educator, as philanthropist, as librarian either of the Faculty or of the University, his heart was always wholly in the work he had undertaken, and thus was he able to achieve such excellent results. No thought of failure ever entered his head; he disregarded ways or means, but with his face turned straight to the guiding star he strode onward with such confidence that he inspired enthusiasm in the hearts of many who met him and who cheerfully lent a helping hand. In this way his spirit led to results that would have proven unattainable to one less exalted.

A true estimate of him cannot be written now; time must mellow his work and allow it to grow; future doctors of Maryland will appreciate his great attainments.

RESOLUTIONS ON THE DEATH OF DR. EUGENE F. CORDELL.

At a meeting of the executive committee of the University of Maryland Alumni Association, held on this 8th day of October, 1913, the following resolution was adopted:

"Whereas, Eugene Fauntleroy Cordell departed this life on the 27th day of August, 1913, it is appropriate that tribute should be paid to his character and that a record and an acknowledgment should be made of his great and valuable services to the University of Maryland, to this association, to his profession and to the community.

"Dr. Cordell had a distinguished career in the Confederate Army during the Civil War, having suffered imprisonment and shed his blood in the cause he espoused; he had an honorable record as a practicing physician and important and useful activities in many fields not directly connected with the University of Maryland; but we knew him most intimately as the founder, organizer, long-time moving spirit and adviser of this association and its related activities—the Alumni Advisory Council, the Endowment Fund and "Old Maryland." While the qualities of mind and character which he displayed in this work were no different from those he bestowed upon his larger and perhaps better-known service, yet we gratefully record his conscientious attention, his assiduous labors, his cheerfulness, his patience, his faith. No duty ever imposed, no request ever made of him relating to the welfare of the university was ever neglected; rather was it performed to the utmost and beyond. It is more honor to his memory to state that his great and useful labors were labors of love. We honor him as the founder and father of this association; of "Old Maryland" and its able editor to the last, as one of the originators of the Alumni Advisory

Council, as the historian of the university, as a teacher in its halls, as a tried and true friend to the young men who came under his influence and as an example to them and to all the world of the Christian gentleman.

"We hereby direct that this resolution be entered upon the minutes of the Alumni Association and of the Alumni Advisory Council, that a copy thereof be transmitted to the university for preservation in its archives, and that a copy be sent to Dr. Cordell's family.

"John Henry Skeen, "Secretary. J. W. Bowers, President."

"INTEGER VITAE SCLERISQUE PURUS."

By W. S. Thayer, M.D.

With the death of Dr. Eugene Fauntleroy Cordell there is left a gap in the medical life of Maryland which is not likely soon to be filled. And what a full and useful career his was! A Virginian by birth, educated according to the best Virginia traditions in the Episcopal High School and the Virginia Military Institute, he was swept early in life into the maelstrom of the war, and it was only after continuous and creditable service through those terrible four years that he took up the study of medicine in Baltimore, which was ever after to be his home.

Dr. Cordell's many activities during the years of his life among us it is unnecessary here to enumerate; they have already been set forth in this Journal and elsewhere. Of a scholarly mind, Cordell was essentially a student, with a special leaning toward matters historical, and his contributions to the history of medicine in Maryland are permanent monuments of his careful, judicious and painstaking labors.

But Cordell was not only a student, he was a gentleman in the truest and widest sense of the word. His never-failing courtesy and consideration for all,—his dignity and quiet grace of manner and speech, endeared him to all with whom he came into association. Of slender means, living in the simplest manner, he was the most charitable of men, and the interest which he took in the management of the loan fund of the State Faculty and in the Home for the Widows and Orphans of Physicians is familiar to all.

I saw him last in the middle of the summer, calling at his house to ask with regard to the availability of the loan fund of the faculty for a worthy colleague and his family who were in trouble. He opened the door himself, and led me into his study. How well I remember the earnest, grave figure sitting by his desk, on which lay an old folio, with the dictionary lying across the opened book—the symbol of the great interest of his later years. I shall not soon forget the touching sympathy with which he listened to my story. As I rose to leave he said: "Doctor, you may put me down for ——." The act was so characteristic, the spontaneous generosity from him least able to give, but always ready to share whatever he had with his suffering fellow!

Cordell's tastes, as has been said, were mainly those of a student. His practice could not have been large, but his activities were many. This modest, sensitive, self-effacing man went his daily way so quietly and unobtrusively that few who did not know him well realized how full of useful work were his three-score years and ten. "*Integer vitae sclerisque purus* * * ," beset by more than the ordinary cares, anxieties and troubles of existence, with modesty and dignity, he led his busy and useful life, and only now he is gone do we fully realize how much he achieved and how fine was his example.

Dr. John R. Winslow, class of 1888, who has been spending some time in Maine and New Hampshire, has returned to his home, Wyncote Lodge, in Roland Park.

A dinner to Chief Judge Henry D. Harlan of the Supreme Bench will be given October 22 by his fellow-judges in honor of his completion of 25 years of service as Chief Judge. The dinner will be entirely informal—very simple and quiet—a family affair. Judge Harlan's commission as Chief Judge was signed October 22, 1888.

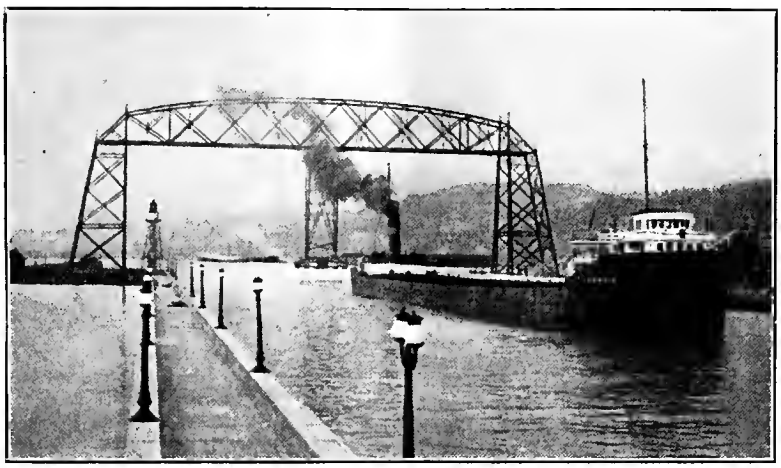
The one hundred and seventh annual session of the University of Maryland opened October 1, 1913, with the largest number of students in the history of the University. It is thought that before the books close on October 15 that 450 men will be enrolled in the medical department. It is necessary for all new students to have the certificate of the Maryland State Board of Medical Examiners before they are allowed to matriculate.

FROM CHESAPEAKE BAY TO PUGET SOUND AND BACK.

3. Down the Great Lakes, Duluth to Buffalo. Back to the Patapsco.

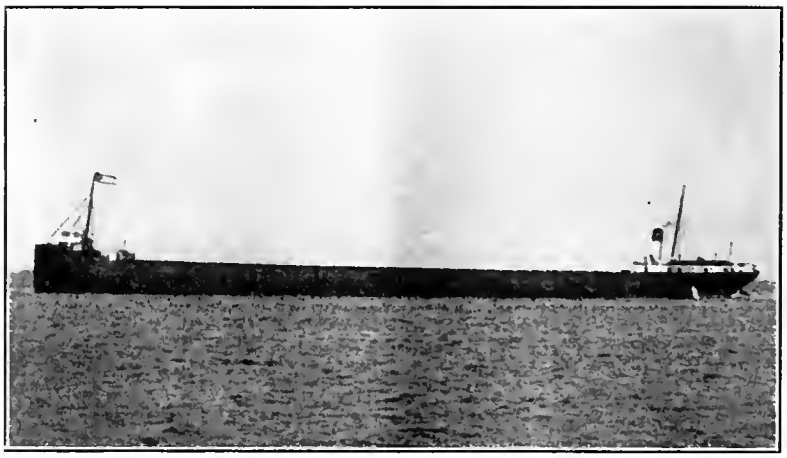
By Randolph Winslow, M.D.

We remained in St. Paul only long enough to get breakfast, and at 9 o'clock left by the Great Northern for Duluth. We traveled through a flat, uninteresting country, and arrived at our destination about 2 o'clock. Duluth is situated at the extreme western end of Lake Superior and is separated from Superior, Wis., by the St. Louis River. It is a picturesquely situated city, overlooking the lake, and clinging to the steep and rocky hillsides. The population is about 100,000, and that of the neighboring city is 45,000. The harbor of these cities is remarkable, as it is absolutely protected and is very capacious. Jutting from the mainland is a narrow tongue of land, seven miles long and only a few hundred feet wide, which separates the harbor from the lake. This forms an absolute breakwater, behind which ships can anchor in safety. At the upper end of this tongue a ship canal has been cut, through which ships are constantly passing. In order to permit uninterrupted transit of this canal an aerial bridge or swinging trolley car conveys passengers and teams from one side to the other. The commerce of Duluth is enormous, and the tonnage of this port is said to be greater than that of New York. The lake steamers are of characteristic appearance, being very long and narrow, with their smokestacks and machinery located far back toward the stern of the ship. They mostly bring coal to Duluth and carry iron ore away. Several lines of fine passenger steamers also have their terminus here. The city is well paved and lighted and has handsome public and private buildings. A cable road leads up to the top of the hills and affords a beautiful view of the city, harbor and lake. We left Duluth at 8 P. M. on July 5, and for a long time the electric lights of the city, rising tier upon tier upon the hillside, twinkled a friendly good-by to us. The night was fine and the waters of the mighty lake were calm and unruffled. The northern peninsula of Michigan projects like a great tooth into Lake Superior, and this projection is the copper country from which the copper of the United States is procured. A ship canal has been cut from the lake to the Portage River, allowing ships to pass across the base of the peninsula instead of going a long distance around the projecting point. Early in the morning of July 6 we entered this Portage Lake ship canal and came into the river and lake of the same name. We were now in the heart of the copper country, and here and there could be seen immense copper plants. We stopped at Houghton and took on copper ingots glistening like gold. On the other side of the stream is Hancock, and Calumet is 17 miles away. Everything was quiet and beautiful and peaceful on that Sunday morning. Only a few days later a serious miners' strike broke out in this same region, attended with violence and destruction and necessitating the employment of the whole Michigan National Guard to quell the



U. S. SHIP CANAL, DULUTH, MINN., AND AERIAL BRIDGE.

riot and protect life and property. Passing through this inland passage, we come again into Lake Superior. Lake Superior is the largest body of fresh water in the world, unless it is surpassed by the Victoria Nyanza, in Africa. It is 1008 feet deep, and is both the deepest and largest of the great lakes. When the sun is shining the waters of the lake are a beautiful blue in color, though near the shore they are distinctly reddish in hue. We reached Marquette, a lake port, about 4 P. M., and had an hour to look around. The city is not very attractive looking, but it has a fine situation. It is said to be a fine health resort, especially for those suffering from hay fever. There are huge iron ore docks here and coal piers. The ship Maryland was discharging coal at the time of our visit, and other crafts were loading with iron ore. Leaving Marquette, we continued our voyage on Lake Superior another night, and early the next morning arrived at the celebrated Sault Ste. Marie locks, by means of which one is dropped 20 feet to the level of Lake Huron. There are canals on both the American and Canadian sides, and an enormous tonnage passes through them. It is said that one-sixth of all the commerce of the United States passes through the locks each year, and that during the eight months during which navigation is open each year the tonnage is more than twice that of the Suez Canal, which is open the whole year. The city of Sault Ste. Marie is 420 miles from Duluth, which is approximately the length of Lake Superior. There is also a city of the same name on the Canadian side of the river. The waters of Lake Superior are discharged by the St. Mary's River into Lake Huron, and, as has been said, there is a difference of 20 feet in the level of the two lakes. The ride down the river and through Mud Lake was very beautiful, and after several hours we came into Lake Huron, and, crossing its placid waters, we reached Mackinac Island in the afternoon. This beautiful island is of historic interest, both on account of the military conflicts with the British that occurred here in 1812, and from the fact that John Jacob Astor established his first station here for the fur trade. It is now a delightful summer resort, where many rich persons have their homes. Old Fort Mackinac, a relic of early days, is located here, and still higher on the hillside is Fort Holmes, a structure built of logs by the British, and showing to this day the marks of conflict. There are many beautiful drives on the island, which is heavily wooded and is, indeed, largely a park and a Michigan State reservation. Among the natural curiosities found here is Arch Rock, a span of rock hollowed out by the processes of nature and 150 feet high; and Sugar Loaf Rock, an isolated tooth-like projection of rock, jutting high above the surface of the ground. Mackinac Island is situated in the straits between Lakes Michigan and Huron, about eight miles from the mainland. Leaving Mackinac, we traversed the whole length of Lake Huron, the St. Clair River and Lake St. Clair, and reached Detroit the next afternoon. Lake Huron is another great fresh-water sea, about 220 miles long and 802 feet deep. As seen by me its waters were of a greenish color, probably the result of atmospheric conditions. St. Clair River connects Lake Huron with Lake St.



S. S. THOMAS COLE, THE LARGEST SHIP ON THE LAKES.

Clair, and is 48 miles long. On the one side is the Province of Ontario and on the other the State of Michigan. Canada here projects far down into the United States, and we scarcely realize how close to us is this neighbor of the north. The trip down the St. Clair River was very attractive, as summer homes and hotels were seen everywhere along its shores, and at one point there was quite a resort, where each house was entirely surrounded by water. Excursion boats from Detroit brought large numbers of people out to these places to enjoy the breezes and to eat a fish supper, after which they usually returned to the city. I would suppose there would be an uncommonly good crop of mosquitoes grown on these marshes. Lake St. Clair is a large body of shallow fresh water, probably 20 miles across, placed between Lake Huron and Lake Erie. The Detroit River connects Lake St. Clair with Lake Erie, and near the junction of the river with the lake the city of Detroit is located. Detroit is a large, handsome city, founded by the French in 1701, which is probably outstripping Baltimore in population; at least it claims to have a greater number of inhabitants. We pass Belle Isle Park, which is situated on an island in the river and contains 700 acres. Detroit was the scene of military struggles during the war of 1812, but after the naval victory of Commodore Perry on Lake Erie in 1813 it was evacuated by the British, and has remained in possession of the United States since that time. Leaving Detroit, a short run down the Detroit River brings us into Lake Erie. This is the shallowest of the Great Lakes, being only 210 feet in depth, and is one of the most tempestuous. Our next stopping place was Cleveland, 105 miles from Detroit. We all remember our surprise and indignation when the last census gave Cleveland 2000 more population than Baltimore, but I imagine the next enumeration will show a very much greater discrepancy. It was late at night when we reached Cleveland, and, consequently, had no opportunity to see the city. Another night on the boat, and about 11 o'clock the next morning we approached the pointed extremity of Lake Erie, and soon thereafter docked at Buffalo, thus terminating a delightful voyage of 1115 miles on the Great Lakes and their connecting waterways. Buffalo is situated on the Niagara River at its point of origin from Lake Erie. Why it should have been named Buffalo is a puzzle to me, as I never heard that the animals of the same name were indigenous to this locality. Buffalo is a very handsome city, and is brilliantly lighted with electricity, generated by the Niagara River. It is about 20 miles from the famous falls, to which there is easy access by trolley and steam railroads. I had been to Niagara Falls previously, but embraced the opportunity to visit them again. The bed rock is being gradually worn away, and it is probable that some time in the far distant future the Falls will have changed their position very materially. This is not likely to occur during the lifetime of any of us who are now living, so we need not worry about it. The trolley ride around the gorge of the Niagara River is very interesting and picturesque, and everyone who visits the Falls should, if convenient, make the gorge trip as well. The trip from Buffalo to Baltimore was made on the Black Diamond Express of the Lehigh Valley Railroad. This is a longer route than that by the Pennsylvania, but it passes through a very pretty country. Passing through central New York and the lake region, we stop at Geneva and at Ithaca, where Cornell University is situated. The college buildings were plainly visible on the bluff overlooking Cayuga Lake and occupied a beautiful site. Passing into Pennsylvania, we followed the Susquehanna River to Wilkes-Barre, and then crossed the Allegheny Mountains, loop upon loop, enjoying the beautiful views that were constantly disclosed, and then through the coal region, where the grime and soot and black waters of the streams told of the black diamond industry that contributes so largely to the material prosperity of the State. Having ordered a good dinner of chicken and other edibles, I was leisurely disposing of it in the usual manner when the porter announced that those who wished to go to Baltimore must change cars at Bethlehem. We had only time to put our chicken in a paper and make haste to get off the train, which was already moving. I still think of that spoiled dinner with regret, as it was an excellent one. Down to Wayne Junction, Philadelphia, and then to the village of Baltimore by the Baltimore and Ohio, and my third transcontinental round trip was at an end.

Dr. John Charles MacGill, class of 1891, of Eureka, Catonsville, who has been spending some time at the Hotel Ostend, Chelsea, Atlantic City, has returned to his home.

EUGENE F. CORDELL, A.M., M.D.,
1843-1913.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, OCTOBER 15, 1913.

EUGENE FAUNTLEROY CORDELL, A.M., M.D. (1843-1913).

A man should be judged by what he does, and not by how rich he is. Many men have dedicated their lives to unremunerative tasks in order to uplift their fellow-man. Doctor Cordell was one of such, and an estimate of his sphere of influence can only be judged as Burns so forcibly pens:

"The rank is but the guinea stamp,
The man's a gowd for a' that."

Fortunately for the University of Maryland, instead of being discouraged at the lethargy with which his doctrines were received, Dr. Cordell perservered, as he firmly felt he was in the right. Happily, he lived long enough to see opposition change to receptiveness, and the endowment fund reach the credible amount of nearly $50,000 in hand. His creed of action cannot be better put then in the homely words of an anonymous writer:

"If the day looks kinder gloomy
And your chances kinder slim;
If the situation's puzzlin'
An' the prospects awful grim,
An' perplexities keep pressin'
Till all hope is nearly gone,
Jus' bristle up, and grit your teeth
An' keep on keepin' on."

For many years he has steadfastly preached the necessity of a strong central governing body for the University of Maryland, otherwise he could see no future for the institution. With this idea always in view, he founded and edited "*Old Maryland*," so as to better spread the propaganda of "The University Idea." Though often rebuffed, he conceded to no man the right to curb his speech, and as he considered the agitation a sacred duty, he continued doggedly to disseminate broadcast his doctrine of reform in the management of the University of Maryland.

Obsessed with this idea, no work was too onerous, no duty too disagreeable. "Nothing worth while is ever done in this world without this uncompromising spirit, undaunted by opposition, determined upon victory. Every truth invites opposition, contempt, contumely; but if it really be truth, it is worth fighting for." Doctor Cordell believed our future was involved unless there be a radical change in the organization under which our institution is operated. With all the physical and moral courage he possessed he fought on for his principle until the very end. We have lost a loyal alumnus and an unselfish, active worker for the institution; a simple-minded, guileless Christian gentleman has passed from our midst. We will sorely miss him, but rejoice that he was fully prepared to meet the call of his Maker.

"Life is an arrow—therefore you must know
What mark to aim at, how to use the bow,
Then draw to the head and let it go."

Had I not been so intimately associated with the late Dr. Eugene F. Cordell during the past 10 years, I should hesitate about expressing any opinion regarding the great loss the University of Maryland suffers in his death. We have no one to take his place. His every thought was the university; how could he do something to increase her efficiency and prestige. As long ago as 1880 he prophesied the importance of an adequate endowment fund, if the university expected to survive. Not satisfied with the prediction, he had the courage against all sorts of opposition, unsolicited and unpaid, to preach, in season and out of season, its urgency. Not until 1897, however, was he successful in raising a single dollar, still his faith in the absolute necessity of the fund had become almost an obsession, and though repulsed and discouraged, he was rewarded at that time by a contribution of $10 from Professor Randolph Winslow. With this slight encouragement he stuck steadfastly to his purpose, so that at the time of his death he had $50,000 in hand.

He only recently told me he would die happy if he saw the fund reach $100,000. Alas! such was not to be. Naturally modest, unassuming and retiring, Dr. Cordell could not have subjected himself to the many annoyances associated with this labor if it were not for his great love for our dear old university. He considered it a divine duty, and as such did his best to fulfill the command of our Heavenly Father. His service in this direction alone is sufficient to perpetuate his memory as the greatest benefactor and servant the University of Maryland has had to date; in fact, one might say in all time; for no matter what one does in the future, Dr. Cordell planted the seed. He, against all sort of opposition, created "The University Idea"; through his efforts the Centennial was celebrated in 1907 as a university rather than a medical school affair. The General Alumni Association was an outgrowth of his fertile mind. In 1903, when he took charge of the medical library, it consisted of about 1500 dust-covered, old and dilapidated books. By his efforts he has built up a library of over 11,000 volumes, which is a credit to any institution.

Dr. Cordell derived the most satisfaction from having originated the endowment fund of the University of Maryland, and as an outgrowth of a meeting of representatives of the Medical College of Baltimore, called for the purpose of bettering medical education, the formation of the Association of American Medical Colleges. Associated with Drs. Leigh Bonsal and George Torrance, he founded the Home for the Incurables. As president of the Hospital Relief Association he proposed and started St. Lukeland. He was one of the prime workers in founding the Woman's Medical College of Baltimore.

During the latter years of his life he devoted most of his time to the Endowment Fund of the University of Maryland, the founding of the Home for Widows and Orphans of Physicians, a fund for the relief of widows of physicians, and the upbuilding of the medical library of the University of Maryland. It is needless for me to speak of his other activities, as they will be told by those better able to do so than myself. We have suffered an irreparable loss, a loss impossible to fill, an enthusiastic worker for the University of Maryland. Still we feel he lives, for he has given us ideals which will live on forever.

THE OPENING OF THE SESSION.

Classes were resumed on October 1, and the largest number of students in the history of the university is being enrolled. It is probable that 450 men will be registered in the medical department before the books close on October 15. All new students are required to have the certificate of the Maryland State Board of Medical Examiners before admission; and Professor Otis, the official examiner, holds the men rigidly to the requirements of the Association of American Medical Colleges and of the New York Board of Education. It is gratifying, therefore, that such a large number of students have been matriculated. In the Law School a large number of students have also entered, while the other departments have about the usual enrollment. The Medical School has been greatly strengthened by the merger with the Baltimore Medical College, not only in regard to the increased number of students, but especially by the new, full-time instructors who are in charge of the laboratories. We have now an ample corps of expert, full-time teachers in the various scientific departments; men whose whole time is devoted to teaching and to research; and we confidently expect to attain much more satisfactory results than were possible formerly. While we are commending the strengthening of the laboratory departments in this manner, we are by no means insensible to the increased activities and usefulness of the clinical chairs brought about by the merger. This will be the banner year in the history of the Medical School in regard to numbers, and we believe also in regard to the quality of the students who have been allowed to register. With the advent of the next session increased preliminary requirements will be demanded, viz., a year of college work in chemistry, physics, biology, and either French or German. This will necessarily cause a diminution in the attendance until sufficient time has elapsed for prospective students to become familiar with the new regulations, and to prepare to meet them. We think we are in good shape to meet the changed conditions when they reach us, but, as usual, we desire to call attention to the urgent need of endowment. The Regents have taken the matter up, and the Provost has appointed a committee to take such action as may appear possible.

THE PATHOLOGICAL ENDOWMENT FUND.

Step up, boys! Step up! We are waiting for your subscription. What is the matter with you? We are still at the receipts of custom. Step up!

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	230 00
1901	270 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
Total to October 1, 1913	$10,645 17

NEW SUBSCRIPTIONS IN SEPTEMBER.

Dr. Howard D. Lewis, 1900	$10 00
Total for September	$10 00

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ITEMS

Surgeon-General Herbert Harlan, class of 1879, a member of Governor Goldsborough's staff, of 516 Cathedral street, will leave Baltimore shortly for Knott county, Kentucky, where he will begin an investigation of the prevalence and cause in that community of trachoma. Dr. Harlan will go under the direction of the Surgeon-General of the United States Public Health Service, and will outline a campaign to be carried on by the Knott county physicians.

Dr. Ernest Zueblin, professor of medicine, desires to announce that a vacany exists on the resident medical staff of the University Hospital, and that he will welcome applications for the same. The position offers a good opportunity for diagnosis and practical experience in the treatment of indigenous diseases. Applicants are requested to give medical school, experience, qualification and references. The appointment holds till July 1, 1914. Address Dr. E. Zueblin, 807 St. Paul street, Baltimore, Md.

Dr. James J. Mills, Baltimore Medical College, class of 1889, sailed August 12 by the Baltic for Europe, where he joined Mrs. Mills and family in Belgium.

Chief Judge Henry D. Harlan of the Supreme Bench, who was recently elected dean of the Consolidated Law School of the University of Maryland and the Baltimore Law School, and Mrs. Harlan have been spending the summer at Roland Park, where they leased a cottage.

Dr. Alexander D. McConachie, class of 1890, of 805 N. Charles street, who spent the month of August motoring through Northern resorts and Canada, visited Toronto, Montreal, Quebec, Thousand Islands, Lake George and Lake Champlain.

MARRIAGES

Dr. William D. Hammond, class of 1908, of 335 Potomac avenue, Hagerstown, Md., to Miss Camille Bringhurst of University City, St. Louis, at Alton, Ill., September 16, 1913. After a short wedding trip, Dr. and Mrs. Hammond will reside in Hagerstown, where the groom is practicing his profession.

Dr. Leo J. Goldbach, class of 1905, to Miss Gertrude Elizabeth Brehm, both of Baltimore, Md., at Baltimore, October 9, 1913. After a short wedding trip, Dr. and Mrs. Goldbach will reside in Baltimore, where the groom is practicing his profession.

Dr. Peter Prentiss Causey, class of 1897, of Wilmington, N. C., to Miss Esther Elizabeth Brewington, University Hospital Training School for Nurses, class of 1907, of Baltimore, Md., at Baltimore, September 17, 1913.

Dr. John William Robertson, class of 1909, to Miss Lulu Conway Price, University Hospital Training School for Nurses, class of 1910, both of Onancock, Va., at Onancock, October 2, 1913. Dr. and Mrs. Robertson will live in Onancock, where Dr. Robertson is practicing medicine.

Dr. Thomas Joseph O'Donnell, class of 1903, of Baltimore, Md., to Miss Anna May Brophy of Frostburg, Md., at Frostburg, October 9, 1913. After an extended Southern trip, Dr. and Mrs. O'Donnell will live at 107 E. West street, this city, where the groom is practicing his profession.

DEATHS

Dr. Samuel Rozier Catts, Baltimore Medical College, '06, of Madison, Ind., a fellow of the American Medical Association, for several years a member of the Medical Corps of the Army and at one time on duty at the National Soliders' Home, Hampton, Va., died at the home of his father in Alexandria, Va., August 29, 1913, from tuberculosis, aged 36 years.

Dr. Joshua Webster Hering, class of 1855, of Westminster, Md., former Public Service Commissioner, State Comptroller and prominent Democrat, died at his home September 23, 1913, after a lingering illness, aged 80 years.

Dr. Hering was born on March 8, 1833, in that part of Frederick county which afterwards became a part of Carroll. He was the son of Daniel S. and Margaret Hering. As a boy he lived on a farm and went to the country schools of the neighborhood, and later entered a country store as a clerk. Not liking the work, he turned to the study of medicine, serving under Dr. William A. Mathias of Westminster. After learning the rudiments of his profession, he came to Baltimore and entered the University of Maryland, School of Medicine, graduating in 1855. Upon his graduation he returned to Westminster and began the practice of medicine, in time becoming the most popular physician in the town and surrounding country. In 1867 he became cashier of the National Union Bank of Westminster, with which he was connected until his death. He was later elected president of the Maryland Bankers' Association. He took an active part in politics, and served in the Legislature of 1896-1898, and in 1899 was elected Comptroller. He was re-elected in 1901, and again in 1907 and 1909, and continued in office until the formation of the Public Service Commission, when he was appointed a commissioner, which position he held up to within a short time of his death.

Dr. Hering was twice married, his first wife being Miss Margaret H. Trumbo, who died in 1883, leaving four children, three of whom are now living, one of them being Dr. Joseph T. Hering, class of 1885, a practitioner of medicine in Baltimore. His second wife was Miss Catherine E. Armacost of Carroll county, who survives him.

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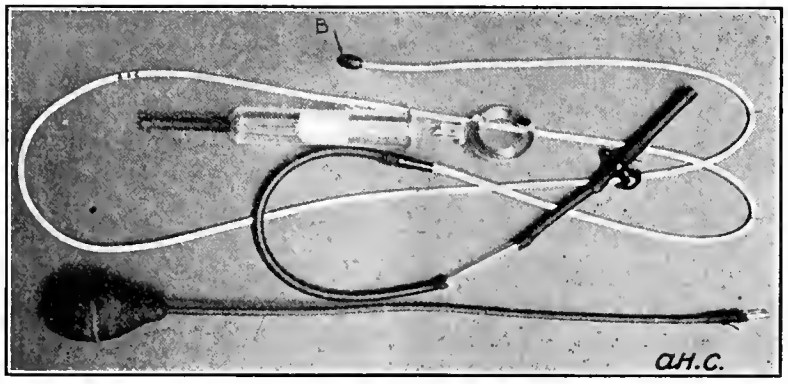
THE DUODENAL TUBE: A BRIEF DISCUSSION REGARDING ITS USES AND VALUE.*

By Albert Hynson Carroll, M.D.
(Associate in Diseases of the Stomach and Intestines. University of Maryland.)

During the past year I have frequently had occasion to use the duodenal tube in the diagnosis and in the treatment of disease in private and in ward cases at the University Hospital. Questions are constantly being asked concerning its value and the technique, not only by the students but by the visiting physicians as well.

The object of this paper will be to answer some of these questions. Lack of space will prevent going at all deeply into the subject. For instance, a discussion of duodenal feeding alone would consume more space than I have at my disposal. Hence I shall give but a short description of the tube and the technique and then I shall touch only upon some of those conditions met with where it has proven its value as an aid in diagnosis and in treatment.

The duodenal tube is a recent addition to our armamentarium and many physicians have not as yet armed themselves by becoming familiar with its many possibilities. This is in part due to the fact that there have been comparatively few investigators working with it and because there has been less reporting in the medical journals of cases, than is usually the case following the introduction of a new method, and one which furnishes us with so fertile a field for fruitful investigation.



EINHORN'S DUODENAL TUBE, WITH THE GLASS SYRINGE.

With a broader knowledge, no doubt the tube will become a part of the kit of many practitioners. The literature to date is not great in volume, it is rational and is readily comprehended. There is a delightful absence of false or ungrounded claims made for it, and Max Einhorn, who gave us the method, is perhaps the most modest of any in his claims for its merits.

For a long time studies had been carried on with the gastric secretions and gastric juice was a familiar object in the laboratory. Appreciating

*Read at the scientific session of the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland, Hagerstown, October 22, 1913.

that the digestive processes only began in the stomach, there was naturally a keen desire to study the enzymic properties of the juices secreted into the upper part of the small intestine. For it is here that the food residue from the stomach comes into contact with the copious secretions poured out by the liver and the pancreas. To carry on such studies it is necessary that the duodenal contents be secured under as nearly physiological conditions as possible. Intubation was the solution of the problem, and Hemmeter, in 1895, devised a rubber bag which could be inflated after it was introduced into the stomach. The walls of this bag then approximate the walls of the stomach. Along the lesser curvature of the bag is a groove which serves to direct a slender rubber tube through the pylorus and on into the duodenum.[1]

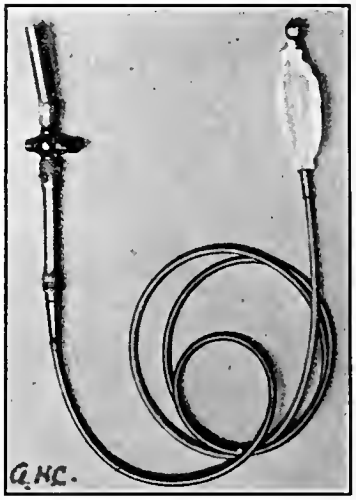
Following this ingenious contrivance came the duodenal bucket, a small capsule-like container attached to a string and supplied with a lid which closes the "bucket" when it is being withdrawn. The "bucket" is swallowed and is carried into the duodenum by the peristaltic movements of the stomach. Only a small amount of secretion can be secured. The contents of the bucket are frequently contaminated. It is of value in diagnosis only. Medication with it is out of the question.

Max Einhorn, in 1910, gave us his duodenal tube and described the technique.[2] At almost the same time Gross devised a very similar instrument.[3] No doubt the ease with which the bucket attached to a thread entered the duodenum, suggested that a rubber tube attached to a perforated capsule would likewise penetrate the pylorus. Later, when this had been accomplished, other devises appeared and several of these are shown in this paper, more to illustrate the ingenuity of the investigators than because of any value, except in the experimental laboratory.

Description of the Tube.—The tube is simply a slender rubber tube, 90 c.m. in length, having a perforated olive-shaped metal bulb attached to the distal end. It is marked at 40 c.m., to indicate when the bulb has reached the cardiac orifice of the stomach; at 56 c.m. the pylorus, and at 70 and 80 c.m. the distance from the bulb or capsule. The proximal end is provided with a two-way stopcock. A glass syringe completes the outfit.

The tube devised by Gross is 125 c.m. in length and is 0.2 c.m. in diameter. It is marked at every 10 c.m. and has a collecting bulb incorporated in the tube. It offers no advantage over that of Einhorn.

Technique of Duodenal Intubation.—The patient is given a cup of tea with sugar, but with no milk in it, on an empty stomach. One-half hour later the perforated bulb is placed well back on the tongue and the patient told to swallow. A mouthful of water may be given to aid the act. The patient should breathe through the mouth and the teeth should be kept apart. He may be allowed to read in order to divert the mind. Shortly after the bulb has entered the stomach I make it a practice to asiprate some of the gas-



No. 1. This is a duodenal tube with a balloon attached to its end. When in the duodenum it can be dilated. Its real use has as yet to be proven except perhaps as a means of locating the pylorus and experimentally determining its patency. With it a spasm may at times be differentiated from a partial obstruction. It has been used in an attempt to relieve the former condition. Such a contrivance may be utilized in duodenal transillumination. Experimentally interesting, but in my opinion of little value.

tric contents for study. The material secured may be of interest. I have unexpectedly found blood in several of my cases.

The tube should now be filled with water and the patient directed to lie on his right side. The end of the tube is allowed to hang down at a lower level than the patient's stomach. From time to time the cock may be opened and the fluid which drops from it inspected. When the 70 c.m. mark is at the lips the bulb should be *in situ,* and a golden-green viscid fluid drop freely from the opening in the tube. It may be illuminating to know just when the tube leaves the stomach, as this will perhaps give a clue as to the peristaltic activity of the gastric bag. It must be remembered that in an atonic state the journey may re-

quire hours, even in the absence of any mechanical obstruction at the pylorus. In many of my cases where there was a hyperperistalsis the duodenal contents have appeared in less than a half hour.

It is well also to remember that the tube will collapse at its most compressible portion and that any vigorous attempt to aspirate, will result in such an accident. Many times a very thick mucus, which could not possibly be aspirated, will siphon slowly from the tube, if sufficient time is allowed. It is better practice to siphon, rather than to secure the contents of either the stomach or duodenum by aspiration.

The question is frequently asked: What can you learn from the aspirated material? *Besides testing it for acid or alkaline reaction, specific gravity, appearance, bile, presence of blood and admixture of mucus, the principal point of importance is to determine the presence or the absence of its three principal and very important ferments—trypsin, steapsin and amylopsin—and their amount.*

To know if the intestinal digestion of proteid, of fats and of starch is possible is surely of great moment. But not only must we know if such fermentation can take place in the case we are studying, but we must know also if the passage of the food residue is so regulated that digestion may occur in an orderly manner. The hydrolitic processes brought about by the activities of the various enzymes may not produce orderly or complete cleavage if the time element is improperly ordered. We will remember that even cellulose may disappar in great part in passing through the alimentary tract, and Conheim has ascribed this to the prolonged action of bacteria.[4] Furthermore, bacterial action may so alter the microscopical picture of all food residue that the observer may be entirely misled in drawing his conclusions if he be unaware of the time intervals occupied in the passage of the food residue through the various anatomical divisions. By this I mean the period it remains in the stomach, in the small intestine and in the first and last part of the large intestine.[5]

We must know the rate of progress as well as the presence or absence of the various digestive ferments in order to read a stool picture correctly. For example: The finding of large amounts of fat in the stool may or may not indicate that "fat digestion" is progressing abnormally. The stool picture may deceive us as regards the "fat splitting" properties of the juices of the upper part of the small intestine, for such digestion may not have taken place because of a lack of sufficient time and not because of an absence of "fat splitting" juices. If a specimen of duodenal secretions will take care of an Einhorn olive-oil tube, and yet we find an excess of oil droplets in the patient's stool, there is but one conclusion, as a rule, to draw.

The following tests can readily be performed and shed valuable light on the qualitative properties of duodenal secretions. For quantitative tests Einhorn has devised an improvement on the old Mett's method. He has incorporated olive oil, starch and hemaglobin with agar-agar, in small tubes, the ends of which are sealed with wax until ready for immersion in the fluids to be tested.[6]

Tests for Steapsin, Trypsin, Amylopsin, Bile and Blood.

Streapsin.—Take one drop of milk, two of water and three of duodenal contents. (In all experiments neutralize the contents if acid.) Add a small piece of blue litmus agar, in a test tube, and keep at blood temperature 30 minutes. If steapsin is present the litmus agar will turn red.

Trypsin.—Place a small piece of the hard-boiled white of an egg in a few c.c. of the content. Keep at body temperature for several hours. If trypsin is present the egg white will disappear.

Amylopsin.—Use a boiled starch solution or starch paper. Keep at blood temperature for an hour. Add a few drops of iodine solution. If dextrin is present the resulting color is blue. If erythrodextrin is present it will be red.

Bile—Add 1 c.c. of fuming nitric acid to 1 c.c. of the contents. Note if Gmelin's reaction occurs. With sufficient bile the juice turns green.

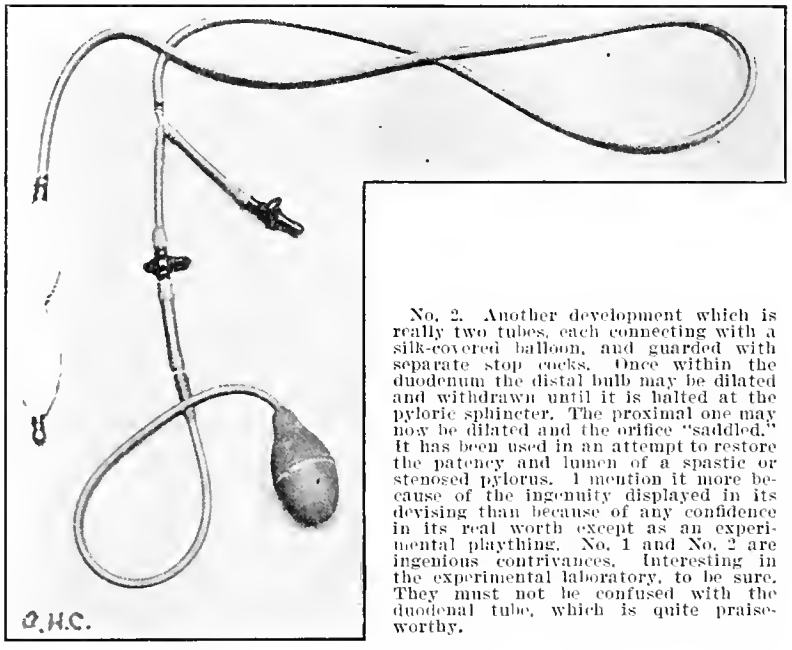
Blood.—Neutralize the contents and use either the Guiac or Benzidine test.

But even these simple tests require time which the busy practitioner can seldom spare. The Einhorn agar-agar tube quantitative experiments are truly laboratory procedures, and although the object of this paper is to call attention to the more practical uses of the tube, it would be very incomplete without some reference to such laboratory procedures. Zeisler sums up well when he

states that we are living in a period today when the laboratory has become indispensable to us in our work, but we should not use it in the pursuit of fads; we should not forget that, after all, the laboratory should be our aid, our assistant, not to say our master, and not our servant. We must guard against the danger of neglecting clinical knowledge in favor of laboratory methods. The two must work together if we are to perform our work satisfactorily.[7]

Unless the clinician is well trained in the laboratory methods he had far better keep away from the laboratory and rest content with the reports handed to him. Otherwise he may draw faulty conclusions from his experimentation, or worse yet, develop into one of those pitiable objects, *the laboratory fool*, who having limited knowledge, imagines himself able, or pretends to be able, to diagnose a pancreatitis or a duodenitis from a few drops of blood or a bit of mucus-laden feces.

In metabolic studies the mechanics of digestion must be thoroughly comprehended. Among other important points to be considered is that of the presence of the digestive enzymes and the rate of progress through the various anatomical divisions of the tract, and not alone the time consumed by charcoal or carmine in making the journey from the mouth to the anus. When the aeroplane has fallen a wreck to the ground is a bad time to attempt to study what transpired during the flight.



No. 2. Another development which is really two tubes, each connecting with a silk-covered balloon, and guarded with separate stop cocks. Once within the duodenum the distal bulb may be dilated and withdrawn until it is halted at the pyloric sphincter. The proximal one may now be dilated and the orifice "saddled." It has been used in an attempt to restore the patency and lumen of a spastic or stenosed pylorus. I mention it more because of the ingenuity displayed in its devising than because of any confidence in its real worth except as an experimental plaything. No. 1 and No. 2 are ingenious contrivances. Interesting in the experimental laboratory, to be sure. They must not be confused with the duodenal tube, which is quite praiseworthy.

Other Uses of the Tube.

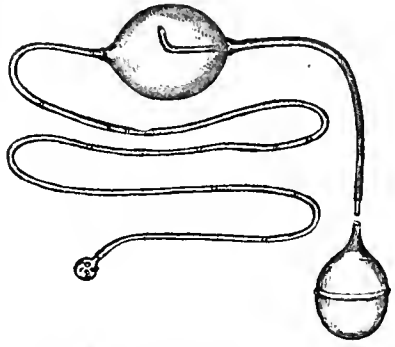
Let us now turn to the uses of the tube which will be of interest to the general practitioner. Granting that he does not wish to use the duodenal tube as an aid to the diagnosis of disease, its value in the treatment of many commonly met with conditions will surely appeal to him. If it is an aid in diagnosis, it is doubly valuable in the treatment of disease.

With it we are able to penetrate into the duodenum, and to sidetrack any inflammed or ulcerated areas which may exist either in the oesophagus, at the cardiac orifice of the stomach, in the stomach itself or in the pylorus and duodenum. Food and therapeutic agents can be introduced into the duodenum and distal to the diseased area. The value of the tube in the treatment of ulcer alone would warrant its existence.

In Ulcer.—Lenhardt, Osler, Loeb, Kemp and, in fact, all agree that rest of the part is of the greatest importance when we wish to allow the ulcerated area to heal. It matters not if we are treating "ulcer" or "ulcer disease," the patient must be nourished. Were we to attempt to supply the patient with a gastric ulcer, with sufficient calories on a milk diet alone, *we would distend the stomach and stretch the base of the ulcer. Furthermore, the introduction of food into the stomach brings about peristaltic activities and the flow of gastric juices.* Neither of these conditions make for rest or healing.

With the duodenal tube in place the most complete condition of rest we are capable of bringing about is afforded the patient. Predigested milk, egg albumin, bone marrow, olive oil, sugars and meat juices can be delivered directly into the intestines up to any amount deemed advisable. The procedure is not difficult and the results are striking. In some cases "hunger pains" disappear as if by magic. The danger of hemorrhage is greatly lessened.

In Duodenitis.—What is true of ulcers holds good for acute inflammatory conditions of the duodenum. The duodenitis may be a primary one or secondary to some pathological process near it. The diagnosis is not always easy. We may have symptoms which simulate gall bladder disease, ulcer of the pylorous or of the duodenum or an appendicitis. Again the condition may manifest



No. 3. The Gross Duodenal Tube.

itself as a "catarrhal jaundice." In severe cases there is at times a *spastic closure of the duodenum* with symptoms not dissimilar to a partial obstruction, and a reflex vomiting, severe, continuous and dangerous in character may be met with.

The following case, which I have reported in detail elsewhere,[8] illustrates the value of the tube in a case of obstinate vomiting. The patient was sent into the hospital to Dr. Randolph Winslow, with a diagnosis of gall-bladder trouble. She had been nursing three of her children for several weeks, suffering with typhoid fever. She had been well up to 10 days before entrance. About this time pains appeared in the upper abdomen and vomiting occurred after every meal. She said that food hurt her almost beyond endurance in going down, and that the vomited material "burned like fire" when it came up. Even water would not stay in the stomach. She was under the impression that she had typhoid also. She was practically famishing for water when brought into the hospital. All the usual efforts to check the vomiting were useless. Proctoclysis was only partially successful. She was vomiting more of a deeply bile-stained fluid than fluid ingested. Her pulse was bad. Her blood picture alarming. She was, at the end of the fifth day, practically *in extremis*, and would not have survived even an anesthetic. Operation at this time was out of the question.

On the fifth day I was called in by Dr. Winslow and requested to check the vomiting if I could. After several efforts enough bismuth was retained to demonstrate by a faint X-ray picture that there was a marked hyperperistalsis of the stomach. The study of the plates showed that there was very probably an acute condition of the duodenum, and this was judged to be secondary to gall-bladder trouble. Several Widal tests had been positive and this helped to cloud the picture. No tumor mass could be made out at this time. Hemaglobin: 65 degrees. Whites: 6000. Reds: 4,000,000. Resp: 28.

Much patience was required to get the duodenal tube into the stomach and to keep it there. She vomited it almost as soon as it was introduced and complained that even the tube "burned like fire." She aided us all she could and the second day the bulb entered the duodenum. Fluids were given at once and were retained. Vomiting occurred only occasionally the next two days and ceased after the fourth. She was fed up to about 2800 calories a day. Predigested milk, olive oil, egg albumin, beef juice and so on. She "braced up" rapidly and on the sixteenth day after duodenal feeding began was in a condition which made an exploratory operation possible. Dr. Winslow opened the abdomen and removed several small stones and about 300 c.c. of pus from the gall bladder. She left the hospital four weeks later a well woman.

Jaundice.—In conditions where the duodenal trouble evidences itself as a "catarrhal jaundice" we are aided also by the little tube. The inflamed duodenal walls respond rapidly to lavage with mild astringent and alkaline solutions. If the walls of the tube are eroded or ulcerated we are again able to sidetrack the diseased area. Naturally the ice bag and the usual therapeutic remedies are not discarded when the tube is put into use. In my gastric ulcer cases I continue to give bismuth by mouth, and olive oil and atropine in those cases where it appears to be indicated.

Hepatic Congestion.—Einhorn has recently re-

ported a small series of cases where the tube was used to feed patients suffering from acute congestion of the liver. He is much impressed with the results. It appears from these results that the liver is allowed to rest to a degree. At least, that the predigested food placed distal to the pyloric region and to the papilla of Vater, does not stimulate the liver to its usual activities.

Spastic Conditions.—Although many cases of the stomach, or of the pylorus are not primarily due to demonstrable ulcerations and may exist without erosion, it appears to be a fact that spasm is intensified or often brought on during the passage of food through the predisposed spastic area. Particularly is this so with hot or cold substances. When an ulcer is the cause of the spastic condition its size has but little bearing on the degree of pain or spasticity. At least Barclay holds strongly to this view. Usually the tube can be gotten beyond the obstructing portion, and once this has been accomplished sufficient food can be delivered distal to the diseased area.

Amebic Dysentery.—Ipecac is considered by some to be almost a specific in amebic dysentery. It is necessary, or previous to the introduction of the duodenal tube it was necessary, to give it inclosed in capsules (salol), which were expected not to liberate the ipecac until it had reached the intestines. Such was not always the case. It occurred to Dr. Harvey Beck, while attempting to overcome the many objectionable features of the methods then in vogue, to introduce the ipecac through the duodenal tube. He reported seven cases treated in this way in 1912. With the tube ipecac can readily be introduced into the intestine, and the reports from this method are highly gratifying.

As a Diagnostic Aid in Ulcer.—When we are suspicious of the presence of an ulcer we can aspirate the gastric and duodenal contents and test for blood. If no blood is found in the former, but is found in the duodenal secretions, we are able to state with a fair degree of certainty that the ulcer or erosion is not in the stomach. Dr. Frank Martin has operated on three such cases, following a definite diagnosis made by me in this way during the past year. Two of these he has reported.[9]

In one of them there was no evidence of an ulcer when the abdomen had been opened. The pylorus was patent and there was no thickening. There were no adhesions.

Having found red blood several times in the duodenal contents, but not in the gastric secretions, I had no hesitancy in advising that pylorectomy and gastro-enterostomy be done. When making the circular incision an eroded area several sq. cm. in extent was exposed. Naturally the blood secured may have been due to other causes than ulceration, but in this case the quantity of the blood secured and the clinical history pointed so strongly to ulceration that I was not willing to see the abdomen closed, merely because there was no extra intestinal evidence of the condition.

As a Stomach Tube.—It is well known that duodenal contents are returned into the stomach if the patient retches or gags when the stomach tube is used. The alkaline duodenal juices neutralize the gastric juice when this occurs, and the analysis of the contents does not give the true gastric acidity. The introduction of the duodenal tube does not as a rule cause any discomfort, and secretions secured in this way will more often show the true percentage of acid present.

It has not been my object to enumerate all the uses to which this little instrument can be put. I have endeavored to demonstrate that it has real value not only in the diagnosis, but in the treatment of disease also.

343 Dolphin Street.

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THE RELATION OF ROGER'S ALBUMEN REACTION TO THE PATHOLOGY OF MINERS' PNEUMOKONIOSIS.

By A. K. Moilliet, M. D.
Baltimore Medical College.
Aire Libre, Pueblo, Mexico.

The greatest difficulty which confronts us in Mexico in all investigations in the pathology of miners' diseases is the absolute indifference of the patients towards their condition, and the consequent extreme difficulty of obtaining their cooperation. Thus it is actually necessary to pay for the privilege of examining the sputum of those whose interests should induce them to facilitate work on this subject.

The problem of how to deal with the miner disabled by pneumoconiosis is becoming more and more a pressing question, especially since the introduction of compressed air drills has caused an increased amount of stone dust in the atmosphere of the mine.

The results of an examination of miners working for the Tegintlan Copper Company conducted by me in 1912 showed that of 490 Mexican miners, 270 of whom had not worked five years, 29 were affected. Of these 29, 5 had phthisis, 9 had signs of fibrous, and had had hemoptysis at one time or other, 15 had chronic inhalation bronchitis with dyspnea of incipient fibrosis. Of the 388 miners of less than 10 years under ground, only 3 were affected; of those of more than 10 years under ground, numbering 102, 26 were permanently affected. The mines in question are considered unusually healthy, and are remarkably free from dust, being very damp. A very large number of employes do not work in the dust, such as mule drivers, loaders, etc.

The question naturally presents itself as to whether any prophylactic measures can be taken to prevent the incurable condition of fibrosis. The answer to this is that every miner should be taken from his work and energetically treated at exactly the stage when the bronchial tubes are no longer able to expel the foreign particles, but before the alveolar tissue has permanently degenerated. If the patient reacts to the expectorant treatment, he may be allowed to return to work under medical supervision for a time; if he does not react, he should be advised, or, if necessary, compelled to change his occupation, before becoming a permanent burden on the State.

To determine the critical period before his patient's disease becomes incurable, the physician has hitherto been guided by the clinical symptoms and the microscopical examination of the sputum. The former may largely depend on other factors than that of the condition of the alveolar tissue with regard to the amount of irritation by stone particles. Thus in the nervous subject with a hyperesthetic condition of the bronchial mucosa, the smallest amount of dust inspired may be sufficient to produce muscular spasm of the tubes and chronic asthma. Again, a well-marked condition of bronchorrhea with copious expectoration will actually act as a preventive of fibrosis. The condition of myocardiac debility, or that of insipient arterio-sclerosis, will cause dyspnea and bronchitis. The anemic facies, where uncinariasis can be excluded, may simply indicate that the patient has worked in a badly ventilated mine. The physical signs of pulmonary cavities usually show phthisis of an incurable degree. Thus the clinical signs do not enable one to arrive at any very definite conclusions.

As to the microscopical examination, the presence of stone particles in the sputum may simply show that the bronchial mucosa is reacting well to the irritation to which it is exposed; the presence of blood in the sputum may indicate simply an acute congestion, or, again, the serious condition of phthisis; while the presence of elastic tissue or tubercle bacilli invariably represents the breaking down of lung tissue, with tubercular infection superimposed, an almost invariably incurable condition.

As far as I have been able to investigate, it seems that in Roger's albumen reaction we have an exact means of discovering the stage of incipient pulmonary fibrosis.

In order to carry out this reaction it is important to follow the rules laid down by Smolizansky in *La Gazette des Practiciens.*

(1) The patient must expectorate on waking in the morning in a perfectly clean vessel.

(2) The sputum must contain no blood, but must be coughed from the lungs, and not come from clearing the nose or throat.

(3) The analysis must be made very shortly afterwards—before fermentation.

The sputum obtained under these conditions is mixed with an equal quantity of distilled water in a test tube. A few drops of acetic acid are added to precipitate the mucin and nucleo-albumins, and the whole triturated up. The mass is then filtered through filter paper. To the filtrate a drop of acetic acid is added, and the absence of cloudiness indicates that the quantity of acid is sufficient. Albumen is then tested for by the nitric acid test.

Professor Roger says (*Journal des Medecins-Practiciens de Lyon*): "The albumen test enables us to divide expectorations into two groups. Those of one do not contain albumen; they are due to a secretion more or less abundant of the bronchial mucosa, and simply refer to simple or chronic bronchitis or to emphysema; the others which contain albumen refer to a condition more profound; they must be connected with an inflammation and an exudate; they enable us to eliminate a simple bronchitis."

Of 35 cases which have consulted me for chronic cough, with or without digestive symptoms, and in which the physical signs gave nothing distinctive of the condition of the patient, and the clinical symptoms were those typical of chronic inspiration of irritant particles, the following results were obtained:

(1) Of 16 cases in which employment under ground had been less than 12 years only 1 was positive, and this one had worked the longest continuously with compressed air drills (eight years). All suffered from chronic dyspnea.

(2) Of remaining 19 cases, 2 were rejected for lack of certainty of reaction.

(3) Of remaining 17 cases, 7 were clearly positive, with an average length of service of 23 years. In one of these, digestive troubles caused the patient to consult me. The amount of stone particles did not seem to be in excess of that in class (1). All showed yellow cachectic color of complexion markedly. All had complained of chronic dyspnea lasting for years.

(4) The remaining 10 cases were negative, with an average length of service under ground of 18 years. No distinctive signs from class (3).

The conclusions drawn from this very limited number of cases are as follows:

(a) That the reaction may be expected any time after the twentieth year with any employes under ground.

(b) That it appears earlier in the case of compressed air drillmen.

(c) That it is always associated with chronic dyspneic symptoms.

(d) That it is sometimes associated with subjective dyspeptic symptoms of more urgent character than dyspneic, but always with chronic disease.

(e) That the amount of dust in the sputum is of no diagnostic significance.

At the annual meeting of the General Alumni Association, held at the Emerson Hotel, November 11, 1913, the following officers were elected for the ensuing year:

President—L. W. Farinholt, D.D.S.

Vice-President—W. N. Owens, Phar.G.

Recording Secretary—John Henry Skeen, LL.B.

Corresponding Secretary—Edward P. Crummer, LL.B.

Treasurer—Eugene W. Hodson, Phar.G.

EXECUTIVE COMMITTEE.

Medical—Dr. W. H. Pearce, Dr. Charles E. Sadtler.

Law—Frank V. Rhodes, Oregon Milton Dennis.

Dental—Herbert F. Gorgas, Eldridge Baskin.

Pharmacy—John B. Thomas, Sr., James N. Westcott.

St. John's—Walter I. Dawkins, E. J. W. Revell.

ADVISORY COUNCIL.

Medical—Robert L. Mitchell.
Medical—G. Lane Taneyhill.
Medical—Joseph Gichner.
Dental—George T. Feldeneyer.
Dental—Clarence J. Grieves.
Dental—Joseph G. Heuisler.
Law—David Ash.
Law—Albert C. Ritchie.
Law—Eli Frank.
Pharmacy—James A. Black.
Pharmacy—H. A. B. Dunning.
Pharmacy—David R. Millard.
Academic—William T. Kemp.
Academic—J. A. Nydegger.
Academic—Peter Blanchard.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, NOVEMBER 15, 1913.

THE UNIVERSITY LIBRARY.

The confusion and loss caused by the death of Professor Cordell still continues, though we are gradually getting the library in working order. The library has been much improved in appearance by a rearrangement of its interior, the placing of new tables and chairs, and a general cleaning up. It will no longer be a medical library alone, but will house the books of the law school as well as those of the dental and pharmacy schools—in fact, it will be a University library. Mr. Samuel Want has been made chief librarian, and will have several assistants under him. The library will be open from 9 A. M. to 10 P. M., which will be a great advantage to the students of the various departments. We desire to call attention to the fact that there are many duplicates of medical books and journals that we should be pleased to sell, exchange for other books or, in many cases, give away to libraries or individuals.

THE REGISTRATION OF 1913-14.

In our last issue it was predicted that the registration of medical students would reach 450. As a matter of fact, the list of matriculants is 473, and it might have been considerably larger, as a number of applications were refused after the closure of the books on October 16. This is the largest enrollment in the history of the school, and ensures a large attendance for several years; but the next freshman class will of necessity be much reduced in numbers, owing to the requirement of a year of college work, in addition to a four years' high school course. The other departments are also largely increased in numbers, except that of pharmacy, which is not quite up to the enrollment of last session.

THE PATHOLOGICAL ENDOWMENT FUND.

This fund is not increasing as fast as we could wish; however, it does grow—slowly. Friends, help us to raise this fund to $100,000.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00

1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
Total to November 1, 1913	$10,655 17

NEW SUBSCRIPTIONS IN OCTOBER.

Nathan Winslow, 1901	$10 00
Total for October	$10 00

CLARA E. QUERY, R.N.

Friends, classmates and fellow-alumnæ, no doubt will be much grieved to learn of the sudden death of Miss Clara E. Query, class of 1906, University Hospital Training School for Nurses. Since graduating Miss Query had occupied a foremost position in the nursing world, and had always taken an interest as well as a leading part in any movement which tended not only to advance the usefulness of our own nurses, but also nurse in general. Private nursing never appealed to her, so she devoted most of her energies to institutional and sociological efforts. Tuesday night, November 4, 1913, whilst acting superintendent of Glitner Hall, Goucher College, Baltimore, she was instantly killed in an elevator accident. As Miss Query had occupied a prominent position amongst her nursing colleagues, and had been a credit to her Alma Mater, THE BULLETIN takes this opportunity and occasion of perpetuating her memory so that it may forever stand as a shining example to our nurses. By outside nurses she was by far the best known of our recent graduates. As a tribute of their faith in her ability and justness, three years ago they appointed her registrar of the Nurses' Central Directory, a position which she only recently resigned. Miss Query was president of the University of Maryland Nurses' Alumnæ Association, was a member of the Red Cross Society and the Woman's North Carolina Society of Baltimore. She had also served as assistant superintendent of the University Hospital Training School for Nurses and as secretary of the Maryland Association of Graduate Nurses. Miss Query was a native of Charlotte, North Carolina, but after coming to Baltimore she endeared herself to many of our citizens by her happy and cheerful disposition. She was a woman of the strongest character and with the faith of conviction fought the hardest for what she thought was for the betterment of the nursing profession. Our departed friend went to her prolonged sleep with the esteem, love and affection of a legion of friends. Her every act exemplified those graces which adorn a true Christian.

"There are loyal hearts and spirits brave,
  There are souls that are pure and true;
Then give to the world the best you have,
  And the best shall come back to you.
Give love, and love to your heart will flow—
  A strength in your utmost need;
Have faith and a score of hearts will show
  Their faith in your word and deed."

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

We wish to take this opportunity to announce that in the future no receipts for subscriptions to the HOSPITAL BULLETIN will be sent, unless specially requested, the endorsement on the back of the check acting as a receipt.

ITEMS

At the annual meeting of the Woman's Auxiliary Board of the University Hospital, held Friday, November 7, 1913, in the University Hospital, the following officers were elected for the ensuing year:

President—Mrs. Hamilton Easter.

Assistant to the President—Mrs. William H. Matthai.

Vice-Presidents—Mrs Samuel C. Chew, Mrs. Joseph T. Smith, Mrs. William T. Howard, Mrs. John T. King, Miss Josephine Livezey, Mrs. Randolph Winslow, Mrs. Franklin Levering, Mrs. Alexander G. Carey, Mrs. H. M. Towles, Mrs. L. H. Felsenfeld, Mrs. L. B. Purnell, Mrs. L. Ernest Neals.

Treasurer—Mrs. Nathan Winslow.

Secretary—Mrs. Frederick Tyson.

Corresponding Secretary—Miss Lucy Marshall.

Assistant Secretary—Miss Florence Stieff.

At the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland, held in Hagerstown, October 21 and 22, Dr. Albert Hynson Carroll, class of 1907, associate in gastro-enterology and assistant gastro-enterologist to the University Hospital, and the new editor of "Old Maryland," read a paper entitled "The Duodenal Tube: A Brief Discussion Regarding Its Uses and Value," which is published in another part of the BULLETIN.

Dr. Henry W. Kennard, class of 1899, of 1014 Cathedral street, this city, who has been connected with the Maryland National Guard for several years, has been appointed by President Wilson as a first lieutenant in the Medical Reserve Corps, United States Army.

Dr. Kennard enlisted as a volunteer in the Spanish-American War, and later served as a member of the Hospital Corps in the regular service. Then he was commissioned first lieutenant of Company A, Medical Corps, Maryland National Guard.

He resigned to accept a position at the Maryland Asylum and Training School for Feeble-Minded, Owings Mills. Dr. Kennard gave up this position recently and took an examination for a commission in the Medical Reserve Corps of the army, passing with a high average.

THE HOSPITAL BULLETIN desires to extend to Dr. Kennard its hearty congratulations.

Surgeon-General Herbert Harlan, class of 1879, a member of Governor Goldsborough's staff, of 516 Cathedral street, who recently left Baltimore for Knott county, Kentucky, where he made a special investigation for the United States Public Health Service in the county, of trachoma, has returned to Baltimore. Dr. Harlan was named a special expert by Secretary of the Interior Franklin K. Lane. It took just 11 days to make the trip, a report of which he has filed with Surgeon-General Rupert Blue, class of 1892. The principal reason for sending Dr. Harlan to Kentucky was to show the surgeons in that part of the country how best to perform operations for trachoma, the disease having gotten much headway and the surgeons being unable to cope with it. While there Dr. Harlan had several very amusing experiences, one of which he tells as follows:

"The case of a boy who was brought to me one day was very amusing. The little fellow came about 15 miles to be treated. His mother came into the hospital with him and he was assured that he would not be harmed; that we would send him home in a few minutes, and that he would not be frightened. The mother heard what we said and consented to have the boy go in the operating-room. Up to that point he had not said a word. The mother sat in the hallway. As all the persons in the operating-room, except the boy, had to go out just as the operation was to begin, the boy saw his opportunity and slid out the window, running away through the town at a great rate. He was brought back by his mother, however, and one of the nurses, whom he liked, persuaded him to submit to an examination. Then we had no more trouble with him."

The Latin-American Club held its annual meeting at the local branch of the Young Men's Christian Association Sunday, October 19, 1913. The attendance was large, and a spirit of enthusiasm prevailed. The old members of the club extended a cordial welcome to the new Latin-American students, especially to those from the Baltimore Medical College. Without doubt, the club this year will be stronger than ever. Officers for the ensuing year were elected as folows:

President, Antonio Balart; vice-president, S. A. Cocco; treasurer, Vincent Roca; historian, Albert Portuondo; sergeant-at-arms, J. L. Rodriquez. The next meeting was held Sunday, October 26, at the same place, at which 60 new members joined the club. The aim of the Latin-American Club in past years has been the bettering of the scholastic standing of the Latin-American student, and the club this year expects to carry out the same program, but more fully. The HOSPITAL BULLETIN extends its kindest wishes to our Latin-American students, and wishes them a most successful and prosperous year.

Dr. Leo J. Goldbach, class of 1905, and Mrs. Goldbach, of this city, who were married October 9, have returned from their tour of the West Indies, including Kingston and Panama. While at Kingston they were the guests of Bishop Collins.

Miss Augusta Cassandra Russell, University Hospital Training School for Nurses, class of 1908, is located at 234 W. 4th street, Jacksonville, Fla.

Dr. Charles O'Donovan, class of 1881, of 5 E. Read street, addressed the Columbus Day banquet, held October 13 in Sts. Peter and Paul's Hall, Cumberland, Md., under the auspices of the Grand Knights of Columbus.

Dr. St Clair Spruill, class of 1890, was the victim of a bold robbery recently, when a man representing himself as a painter entered his home, 9 E. Chase street, and stole jewelry valued at $200.

As the editors of *Old Maryland* have been unable to get a complete mail roll of the subscribers thereto, they would appreciate it if all those who do not receive a copy of the November issue would send in their names and addresses to No. 608 Professional Building, Baltimore, Md.

Dr. Anton G. Rytina, class of 1905, writes he has been in correspondence with a number of his classmates concerning the possibility of getting them interested in a reunion upon the occasion of their tenth anniversary. Heretofore such class reunions have proven very successful, as well as pleasurable. They afford opportunity for classmates, who in many instances have not seen each other for years, to renew their university day ties. The BULLETIN would suggest that besides the reunion banquet, special clinics be given for the benefit of those attending. In this wise the reunion would serve both a useful and social purpose by affording those who have been unable heretofore to get away from their work a chance to brush up generally, besides, undoubtedly, a much-needed relaxation. The BULLETIN would like to hear from any member of the class of 1905 regarding his opinion concerning the reunion; also whether he proposes to attend. Appended is a list of the class.

Elmer Hall Adkins, Rosemary, N. C.

Julian Warrington Ashby, Hugheston, W. Va.

Samuel Luther Bare, Westminster, Md.

Robert Parke Bay, 1701 Guilford avenue, Baltimore, Md.

Chandos M. Benner, Taneytown, Md.

James Show Billingslea, Armiger, Md.

Alvah Parrish Bohannon, James Walker Memorial Hospital, Wilmington, N. C.

Baird U. Brooks, West Durham, N. C.

Frank Burden, Paw Paw, W. Va.

Ira Burns, Cumberland, Md.

Roscoe C. Carnall, Waverly Mills, S. C.

John Joseph Carroll, 120 Chestnut street, Holyoke, Mass.

Edward Lawrence Casey, Woodstock, N. H.

Sydenham Rush Clarke, 423 Hawthorn road, Roland Park Md.

Edward V. Copeland, Round Hill, Va.

Arthur Bascom Croom, Maxton, N. C.

Charles Callery Croushore, 108 West 2d street, Greensburg, Pa.

Frederick De Sales Chappelier, Lewes, Del.

Seth De Blois, Newport, R. I.

David Alphonse De Vanny, 132 East 61st street, New York, N. Y.

Alpheus Wood Disosway, Plymouth, N. H.

Manuel Dueno, Anasco, Mayaguez, Porto Rico.

James Eugene Dwyer, Polk, Pa.

John Martin Elderdice, Mardela Springs, Md.

Oliver Justin Ellis, South Royalton, Vt.

Harry Moore Felton, 109 Climax street, Pittsburgh, Pa.

Edwin Ferebee Fenner, Henderson, W. Va.

William Henry Fisher, Centreville, Md.

John Shaw Gibson, Gibson, N. C.

Milton R. Gibson, Maxton, N. C.

Leo J. Goldbach, 2217 East Pratt street, Baltimore, Md.

Archibald Wright Graham, Chisholm, Minn.

Vance W. Graham, Bamberg, S. C.

William W. Hala, New York, N. Y.

Samuel William Hammond, Lambert's Point, Norfolk, Va.

George B. Harrison, Colonial Beach, Va.

Henry Hiram Hodgin, Red Springs, N. C.

Henry C. Houck, S. W. Cor. Appleton street and North avenue, Baltimore, Md.

Hamner Carson Irvin, Jr., Roanoke Rapids, N. C.

Brooke I. Jamison, Jr., Emmitsburg, Md.

Francis W. Janney, 327 North Charles street, Baltimore, Md.

Harry Aquilla Jenkins, Assistant Surgeon, U. S. N., now on board U. S. S. Montana.

Oswald Ottmar Kafer, Newbern, N. C.

Nagib Kenawy, 11 Boulevard de Ramleh, Alexandria, Egypt.

Eugene Kerr, Monkton, Md.

Herbert L. Kneisley, Hagerstown, Md.

William A. Knell, Augusta avenue and Frederick road, Irvington.

Kalil Magib Koury.

Edgar Brown Le Fevre, Inwood, W. Va.

Julius Levin; died in Johnstown, Pa., February 12, 1912.

George William Mahle; died in Baltimore, Md., February 20, 1911.

James P. Matheson, Charlotte, N. C.

James G. Matthews, Paulsen Building, Spokane, Wash.

George Skinner McCarty, Sandersville, Ga.

Harry Downman McCarty, 613 Park avenue, Baltimore, Md.

John P. McGuire, Clarksburg, W. Va.

William Cuthbert McGuire, Huntington, W. Va.

Roscoe Conkling Metzel, 1824 West North avenue, Baltimore, Md.

Harold Edson Miner, 51 Maple street, Holyoke, Mass.

Robert Levis Mitchell, 2112 Maryland avenue, Baltimore, Md.

William Morris Mitchell, 80 Kennedy street, Bradford, Pa.

John Albert Nice, Mt. Airy, Md.

Oscar S. Owens, Manchester, Va.

John W. Parker, Jr., Williamston, S. C.

W. Arlett Parvis, Acting Assistant Surgeon, U. S. A.; at present at Sorocco, N. M.

John William Pierson, 2806 East Baltimore street, Baltimore, Md.

Daniel E. Remsburg, Cresson, Pa.

Samuel T. R. Revell, Louisville, Ga.

William James Riddick, Assistant Surgeon, U. S. N.; at present at Naval Station, Guantanamo, Cuba.

William Wordsworth Riha, Danvers Hospital for Insane, Danvers, Mass.

John L. Riley, Pocomoke City, Md.

John Edgar Rooks, Haughton, La.

Anton George Rytina, 2204 East Monument street, Baltimore, Md.

Edgar McQueen Salley, Saluda, N. C.

Albert Leigh Sanders, 1113 North Gilmor street, Baltimore, Md.

Stuart Baskin Sherard, Gaffney, S. C.

John Holmes Smith, Jr., U. S. P. S., Ellis Island, New York.

W. Henry Smithson, Jr., New Park, Pa.

James Albert Stone, Shallotte, N. C.

Benjamin Franklin Tefft, Jr., Anthony, R. I.

William E. Ellicott Tyson, 2609 East Jefferson street, Detroit, Mich.

Frederick J. Wass, 136 East Duvall street, Jacksonville, Fla.

William Benjamin Warthen, Davisboro, Ga.

The beginning of the present term of the University of Maryland is the one hundredth anniversary of the founding of the library by Dr. John Crawford. The library now contains 11,000 volumes, among them some rare editions, especially those bequeathed by Dr. Crawford, who was probably the first physician to arrive at any remarkable results with regard to the conveyance of contagious diseases by mosquitoes.

Dr. Robert Tunstall Taylor, professor of orthopedic surgery, and Mrs. Taylor shortly motored to Narragansett Pier, R. I. They stopped at the Gladstone, and later went to York Harbor, Maine. They returned home the middle of September.

The annual report of the library of the department of medicine of the University of Maryland for the fiscal year shows that the library had on June 1, 1913, 11,655 bound volumes, and since that date the collection of the Baltimore Medical

College, amounting to about 1000 volumes, has been added.

Dr. John E. Legge, class of 1899, of 21 Mechanic street, Cumberland, Md., sailed recently for Europe, where he will spend the remainder of the summer, returning to his home in the fall.

Dr. William Caspari, Jr., Baltimore Medical College, '02, associate professor of materia medica, University of Maryland, of 1603 Madison avenue, who has been spending some time at Atlantic City, has returned to his home.

Dr. W. Clement Claude, Major, Medical Corps, Maryland National Guard, class of 1875, of Annapolis, Md., was among those who attended the laying of the corner-stone of Company A's new $40,000 armory at Frederick, Md., August 13, 1913. Governor Goldsborough was the orator of the day.

Dr. James M. Delevett, B. M. C., class of 1903, of 623 Columbia avenue, attended the Fourth International Congress on School Hygiene, held at Buffalo, N. Y., the last week in August.

Dr. Cary B. Gamble, Jr., class of 1887, Biddle street, near Charles, left recently to join his family, who are at Biddle Pool, Maine.

Dr. Frank Martin, class of 1886, of 1000 Cathedral street, who has been spending some time at York Harbor and motoring through the North, has returned to his home.

Dr. Bert J. Asper, class of 1911, a member of the medical staff of the Sheppard and Enoch Pratt Hospital, is spending his vacation at his home in Chambersburg, Pa.

Dr. Edgar R. Strobel, associate professor of dermatology, and family, of Roland Park, have returned from a three weeks' visit to York Harbor, Maine.

Dr. A. F. Robinson, class of 1903, of 141 E. North avenue, has been making an extended trip North, part of which time was spent at Ogunquit, Maine.

Dr. John Whitridge Williams, class of 1888, of 1128 Cathedral street, has been spending some time in Canada and Rhode Island.

Dr. B. B. Brim, class of 1902, of 901 Phillips avenue, Toledo, Ohio, has been making an extended tour of the Eastern cities and hospitals. He spent about three weeks in Boston at the hospitals in connection with the Harvard medical school, where he saw some very interesting work by some of the leading surgeons. He also visited New York, Washington and Baltimore. While in the city he visited his Alma Mater, where he was heartily welcomed by a number of his old friends.

Dr. W. M. Carmine, class of 1907, has been spending some time on the Eastern Shore, Md.

Dr. H. E. Peterman, Baltimore Medical College, class of 1895, of 2831 St. Paul street, has been spending some time at Cherry Tree, Pa., and Atlantic City, N. J.

Dr. G. Marshall Smith, class of 1887, of 1009 Madison avenue, spent the month of August at Chatauqua, N. Y.

Dr. J. Carroll Monmonier, class of 1897, who has been traveling in the northern part of New York State, has returned to his home on Edmondson avenue, Catonsville.

Dr. Gordon Wilson, professor of clinical medicine, who has been occupying a cottage in the Green Spring Valley, left recently for North Hatley, Canada, to be gone several weeks.

Dr. H. D. McCarty, class of 1905, of 27 W. Preston street, has been visiting friends at Beach Bluff, Mass.

Dr. Joseph W. Holland, class of 1896, of 1624 Linden avenue, is resigtered at Hotel Sparhawk, Ogunquit, Maine.

Dr. T. Marshall West, class of 1908, of Fayetteville, N. C., has been visiting friends in the city.

Dr. John Rawson Pennington, class of 1887, of 4620 Kenmore avenue, Chicago, Ill., is a member of the Executive Committee of the American Proctologic Society, which held its last meeting at Minneapolis, Minn., June 16 and 17, 1913.

Dr. Thomas H. Buckler, class of 1888, of Evergreen, who has been spending some time in Europe, recently motored through the south of France.

Dr. Benjamin Newhouse, class of 1912, announces the opening of his office, 1136 6th street N. W., Washington, D. C. Dr. Newhouse recently resigned as resident physician at the Emergency Hospital, Washington, where he has been for the past year. His excellent work at the hospital has attracted much attention, and we wish him every success in his private practice.

Prof. Randolph Winslow is in receipt of the following letter from Dr. Josiah S. Bowen, class of 1903, of Mt. Washington, Md.:

"Mt. Washington,
"Baltimore County, Md., Sept. 1, 1913.

"*My Dear Dr. Winslow:*

"It is with great sadness that I learn of the death of our dear old friend, Dr. Cordell.

"Dr. Cordell was a gentleman of whom too much cannot be said in a laudatory manner. He will be greatly missed by those who knew him.

"A memorial of some kind should be started in our State Faculty to Dr. Cordell, and as you are the president-elect, I take the liberty to write to you and suggest that the memorial should take the form of a museum of medical and surgical appliances.

"Cases could in time be provided. The gifts, I feel, should bear a card giving the name of the donor.

"Should such a collection be started, I should like to be enrolled as No. 1, and will give the following: A cupping set, vaporizer (steam), tourniquet, vectus, obstetrical forceps, spring lance, vaginal speculum, and perhaps others; also two wire N. R. Smith anterior splints.

"Trusting that you will consider this favorably, I beg to remain,

"Very truly yours,
"J. S. Bowen."

Dr. Roscoe C. Metzel, class of 1905, of 1903 W. North avenue, has named his son, born in May, William Hines Metzel.

Dr. Ernest Zueblin, professor of medicine, of 807 St. Paul street, is making an extended trip North. The last we heard of him he was in Montreal, Canada.

Dr. August Horn, class of 1888, and Mrs. Horn spent several days as the guests of the purser on the Choptank River steamer "Talbot."

Dr. Charles Wellman Mitchell, class of 1881, and Dr. St. Clair Spruill, class of 1890, spent the month of August at the bungalow of Dr. Spruill on the Magothy River.

Dr. C. Urban Smith, class of 1889, has returned from Eaglesmere, Pa.

Dr. Walter Harry O'Neal, class of 1871, is located at 256 Baltimore street, Gettysburg, Pa.

Dr. William Baltzell Burch, class of 1890, who practices in Baltimore and has a country home at Piney Point, on the Potomac River, finds that he can make the trip to the city in an automobile in much less time than by steamboat. It takes about six hours to motor in and 24 to come by boat, making a difference of 18 hours.

Dr. John McMullen, class of 1895, of Baltimore, Md., Surgeon, U. S. P. H. S., has been directed to rejoin his station at Baltimore, stopping at the bureau en route, where he will act as recorder to the board of medical officers convened to meet October 27, 1913.

Among the recent visitors to the Hospital were Dr. Leonce L. Kosminsky, class of 1906, of Texarkana, Ark.; Dr. Jacob Wheeler Bird, class of

1907, of Sandy Springs, Md., and Dr. Henderson Irwin, class of 1912, of North Carolina.

Dr. J. C. Hemmeter, class of 1884, who has been attending the International Congress of Physiology in Holland, writes as follows:

IX Internationaler Physiologen Kongress,
Groningen, 2-6 September, 1913.
September 4.

"*My Dear Dr. Winslow:*—

"Through the medium of THE HOSPITAL BULLETIN, I desire to bring before the teachers and alumni a small part of the nature of my work here. It is the greatest International Congress of Physiology that has ever taken place, and the new laboratory for physiology is the most complete in the world, not even barring the Rockefeller Institute, the Pasteur Institute at Paris, and the Imperial Academy for (experimental) Military Medicine at St. Petersburg, of which Pawlow is director. I conjecture that the Holland Government saw itself compelled to erect this vast and beautifully equipped physiological laboratory because many Hollandish students sought foreign laboratories for their studies. There are provisions for operations on any kind of obtainable animal—from the size of a horse to that of microscopic forms. The 'Salle des Operation' is 30 feet high—40x30 in dimension, the roof of glass and iron, four projection apparati, two cinematographs, three smaller operating rooms, and an operating amphitheater, a splendid library and a workshop for construction of new instruments.

"In view of the absence of appreciation which has been so manifest at the University of Maryland for my work, I cannot repress the statement that on the second day I presided over the largest meeting, and it fell to me to direct and control the reading of papers and their discussion, which were presented in four different languages. I was on my mettle, and the meeting was conducted to the satisfaction of the French and German members. Later they desired me again, when Professor Gley became exhausted from the strain of thinking in so many languages. My two papers were the first on the program, because the president of the first day said that I was able to answer a discussion in any of the official languages of the congress. He was desirous of starting off well. Hopkins and Harvard men are here, but none have thus far been invited to act the role of the president for any meeting.

"At a special large evening dinner party given by Prof. J. Hamberger to the president of the congress I met the following distinguished physiologists, all men who are distinguished for their epoch-making contributions to physiology: Professors Rubner, Berlin; Abderhalden, Halle; Peckelharing, Utrecht; Pawlow, St. Petersburg, Russia; Sherrington, Liverpool; Bayliss, London; Starling, London; Langley, Cambridge; Waller, London; Le Duc, Nantes; Richet, Paris; A. Sarmojloff, Kasan, Russia; Herliska, Turin, Italy; Fano, Turin, Italy, and their ladies.

"Yours very truly,

"JOHN C. HEMMETER."

We are in receipt of the following letter from Dr. Leonidas W. Cobun, Baltimore Medical College, class of 1898, of 220 High street, Morgantown, W. Va.:

MORGANTOWN, W. VA., Aug. 19, 1913.

University of Maryland, Baltimore, Md.:

GENTLEMEN—Upon receiving your announcement for 1913-14, I am reminded of the fact that all graduates of the Baltimore Medical College are eligible for membership in the General Alumni Association of the University of Maryland. What steps are necessary for such membership? I think the consolidation a very wise one, and will continue to send men to your college, and use all my influence in your behalf. Awaiting an early reply, I am very truly,

L. W. COBUN.

Dr. B. Merrill Hopkinson, class of 1885, and Mrs. Hopkinson have returned to their home, 205 Woodlawn road, Roland Park, after several weeks' stay at Prout's Neck, Maine.

Dr. Russell H. Dean, Jr., class of 1912, of Jacksonville, Fla., was a recent visitor to the Hospital, where he saw a number of his old friends.

Dr. Alvah Parrish Bohannon, class of 1905, is a patient at the James Walker Memorial Hospital, Wilmington, N. C., where he underwent a recent operation. He has our best wishes for a speedy recovery.

Among the Maryland National Guard officers who attended the twenty-second annual convention of the Association of Military Surgeons of the United States at Denver, Colo., last month were Major Robert P. Bay, chief surgeon, First Brigade, class of 1905, and Major J. Harry Ullrich, surgeon attached to the Fourth Infantry, Baltimore Medical College, class of 1897.

Dr. J. Burch Joyce, class of 1884, and Mrs. Joyce, of West North avenue, who spent part of the summer in the White Mountains, N. H., have returned to their home.

Dr. Henry B. Thomas, class of 1888, of 1007 Cathedral street, who, with Mrs. Thomas, spent the season at their cottage at Blue Ridge Summit, Pa., have returned to their town residence.

Dr. Randolph Winslow of 1900 Mt. Royal Terrace is in receipt of the following letter from Dr. J. M. Buch, class of 1913, which we think will be of interest to our readers:

"Havana, June 30, 1913.

"Prof. Randolph Winslow,
Baltimore.

"Dear Dr. Winslow—It was with the greatest sorrow that I left Baltimore without being able to bid you good-by, but I looked for you at the Dean's office and did not see you, all of which I hope you will overlook.

"Since I reached this city I have been engaged in preparing and taking the necessary steps in order to get the Havana board off, and I feel very satisfied to say that I passed it with very much success. I had very kind words that I do not merit addressed to me by the professors that had in charge the revision of my exercises—a fact that rejoices me very much, not from my own standpoint, but from the standpoint of the University that conferred upon me the honor of my life, and one that I never would have gotten either in my own or in any other country.

"I hope you take these words with the same meaning that I write them to you, and then you will have a true translation of my feelings toward the University.

"As I write you this letter I feel that it is only a duty that has taken me very long to fulfill, and considering how much you value your time I do not demand an answer to it.

"Begging you to convey my very best wishes and regards to the faculty as well as to Drs. Nathan and Fitz Winslow, I remain

"Most sincerely yours,

"J. M. Buch.

"Definite address, Sagarra alta No. 43, Santiago, Cuba."

Dr. Gideon McD. Van Poole, class of 1899, Major, M. C., U. S. A., of Fort Sheridan, Ill., has been relieved from duty at Fort Washington, Md., and will take the transport for Honolulu, H. T., January 5, 1914, for duty.

Among other recent visitors to the University Hospital were Drs. James Hugh Bay, class of 1908, of Havre de Grace, Md., and Hrry Arthur Cantwell, class of 1906, of North East, Md.

Kappa Phi Fraternity had their smoker on Saturday evening, October 18. It was thoroughly enjoyed by all who attended. Among the many guests were Drs. Carroll, Owensby, Byrnes, Walker, Scott Rauschenbach, Stem, Glover and Neely.

The Randolph Winslow Surgical Society held its first meeting of the year at Davidge Hall on Wednesday, the 15th, and elected the following officers for the ensuing year: R. B. Norment, Jr., president; W. S. Walsh, vice-president; A. V. Mordecai, secretary; R. L. Johnson, treasurer, and P. P. Vinson, historian. The society expects quite a pleasant and profitable year under the guidance of the above-mentioned officers, and gives promise of being quite an important factor in the undergraduate department.

Dr. Thomas C. Gilchrist, professor of dermatology, and Mrs. Gilchrist, who have been motoring in England, their former home, have returned to The Grange, their residence at Roland Park. In London Dr. Gilchrist attended the International Medical Congress and the garden party given by the King to the delegates.

Dr. Thomas H. Buckler, class of 1888, who, with his family, have been motoring through Europe, has returned home.

Dr. Thomas J. Coonan, class of 1891, of Westminster, Md., has been elected chairman and treasurer of the Democratic State Central Committee.

Dr. Harry Adler, class of 1895, professor of therapeutics and clinical medicine, of 1718 Eutaw Place, who has been spending some time abroad, has returned to his home.

Dr. Nathan Ryno Smith, class of 1886, of 211 W. Madison street, who has been motoring in the North, has returned to his country home in the Green Spring Valley.

Dr. Marshall B. West, class of 1881, who has been spending some time at Lenox, Mass., has returned to his home in Baltimore.

Dr. Albert Hynson Carroll, class of 1907, of the Ashby Apartments, who was recently confined to the Maryland University Hospital, has sufficiently recovered to resume his practice.

BIRTHS

To Harry Arthur Cantwell, class of 1906, of North East, Md., and Mrs. Cantwell, June 9, 1913, a son—John Arthur Cantwell.

Recently, to Dr. Howard J. Maldeis, class of 1903, and Mrs. Maldeis of Kate avenue, near Reisterstown road, this city, a son.

MARRIAGES

Dr. Hyman R. Wiener, class of 1912, of Harrisburg, Pa., to Miss Belle Fried of Baltimore, Md., at Washington, D. C., October 23, 1913. Following a wedding trip through the Carolinas, Georgia and Florida, Dr. and Mrs. Wiener will reside at 306 N. 2d street, Harrisburg, where the groom is practicing medicine. Dr. Wiener was formerly clinical assistant at the Maryland University Hospital, and later became resident physician of the Harrisburg Hospital.

Dr. FitzRandolph Winslow, class of 1906, of Baraboo, Wis., to Miss Florence I. Reese of Baltimore, Md., at Baraboo, October 1, 1913. Dr. Winslow is a son of Prof. Randolph Winslow, and was formerly resident surgeon in the University Hospital. He recently moved to Baraboo, where he is engaged in the practice of surgery.

Dr. Michael J. McDermott, class of 1910, at Waterbury, Conn., to Miss Edna M. Cowan of Baltimore, Md., at Baltimore, October 15, 1913. After a wedding trip, Dr. and Mrs. McDermott will reside in Midling, Md., where the groom is practicing his profession.

Dr. Ferdinand J. S. Gorgas, Baltimore College of Dental Surgery, '55, Maryland University Medical School, '61, formerly dean of the dental department of the University of Maryland, where he is still professor emeritus, of 508 N. Carey street, this city, to Miss Sarah B. Schwartz of Harrisburg, Pa., at Baltimore, September 29, 1913.

DEATHS

Dr. George Washington Truitt, class of 1889, of Carsonburg, Md., died at his home September 4, 1913, from disease of the stomach, aged 49 years.

Mrs. Anna Coates Martin, wife of Dr. Frank Martin, class of 1886, Professor of Operative and Clinical Surgery, of 1000 Cathedral street, this city, died November 6, 1913, of heart trouble in her apartments at the Hotel Dennis, Atlantic City, where she had been staying about two weeks.

Mrs. Martin was born in Baltimore in the house now occupied by Dr. Martin. She was a daughter of the late Richard Coates, a Quaker of prominence, whose family founded the city of Coatesville, Pa., many years ago. She was married to Dr. Martin 17 years ago, the wedding being a notable social event. She was a charming hostess of marked beauty, and was one of Baltimore's most popular society women, taking great interest in the social life of the city, of which she was a leader. Mrs. Martin was one of the vice-presidents of the Woman's Auxiliary Board of the University Hospital, in which she took a prominent part, and was always interested in the welfare of the hospital. The HOSPITAL BULLETIN, in behalf of its readers, extends to Dr. Martin its sincerest sympathy.

THE HOSPITAL BULLETIN

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THE OPEN TREATMENT OF FRACTURES—REPORT OF CASES.

By ARTHUR M. SHIPLEY, M.D.,
and
FRANK S. LYNN, M.D.

In the beginning of this brief report no better statement of the usefulness and advisability of the open treatment of fractures can be found than the following by Edward H. Martin*:

"It is accepted today that, given a clean surgeon and proper armamentarium, all accessible fractures in which broken bone ends cannot be placed and retained in such position as to insure reasonable function and the absence of gross deformity should be promptly subjected to open operation; that all fractures of the long bones in which, after apparent satisfactory reduction, crepitus cannot be obtained, should be examined through incision and secured in position after removal of interposing soft parts; that compound fractures should, as a rule, be opened, cleansed and neatly apposed with some retentive appliance, and, finally, that ununited and viciously united frac-

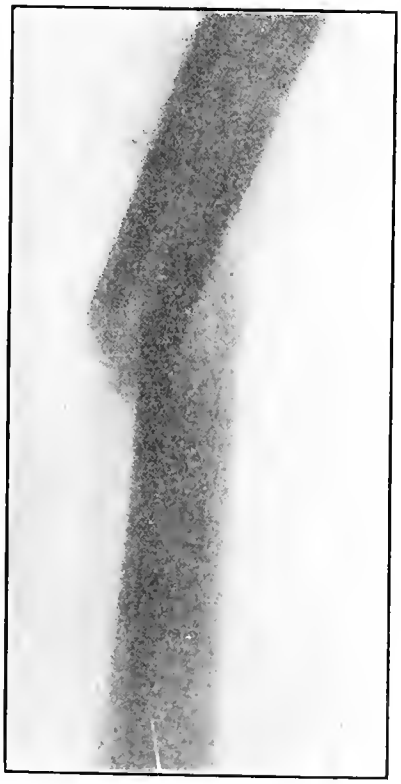

FIG. I.

FIG. II.

*Surgery, Gynecology, and Obstetrics, September, 1912.

tures of long standing should be subjected to operative treatment without previous trial of conservative methods."

Case 1—J. C. B.; lawyer; age 44 years. Diagnosis: Fracture of the middle one-third of left humerus. Admitted October 16, 1912. Operation October 18, 1912. Discharged from hospital October 29, 1912.

This patient was thrown violently from a rapidly-moving automobile and received a fracture in the middle of his humerus. The facture was an oblique one. The patient was a large and muscular man, and no great difficulty was met in getting the ends in apposition, but it was not possible to keep them so. Two attempts failed, and the open treatment was decided upon, with excellent results. X-ray No. 1-2.

FIG. III.

FIG. IV.

Case 2—H. H. B.; traveling salesman; age 56 years. Diagnosis: Fracture of the surgical neck of right humerus. The result of a fall. Admitted April 20, 1913. Operation April 21, 1913. Discharged from hospital April 27, 1913.

This fracture illustrates one of the best examples of the use of the Lane Plate. It is well known that one of the most difficult fractures to reduce and retain in proper position is a fracture of the surgical neck of the humerus.

The fracture is too high up to enable an internal splint to have any effect on the upper fragment, and in order to get a good functional result the bones must be kept in good apposition during the process of healing.

It is a very small matter to go down on the fracture in the same manner that the joint is reached for resection by Langenbeck's method. The movable and displaced upper fragment is grasped with bone forceps and pulled in position and a plate applied. Examination of the X-ray shows perfect apposition. X-ray No. 3.

Case 3—J. H.; retired merchant; age 60 years. Diagnosis: Comminuted fracture of neck of humerus. Result of a fall. Admitted September 6, 1912. Operation September 7, 1912. Discharged from hospital October 15, 1912.

This patient had suffered a bullet wound of the head several years previous to his fracture, and as a result his left arm was completely paralyzed and his left leg partially so; therefore it was most essential to give him a useful shoulder on his unparalyzed side. This was difficult, as the fracture

FIG. V.

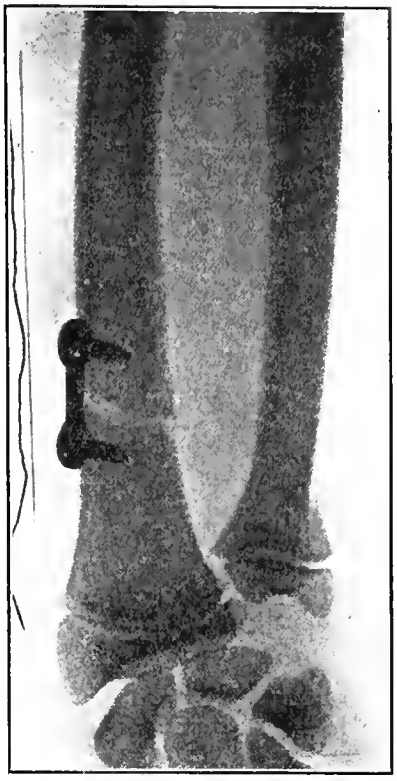

FIG. VII.

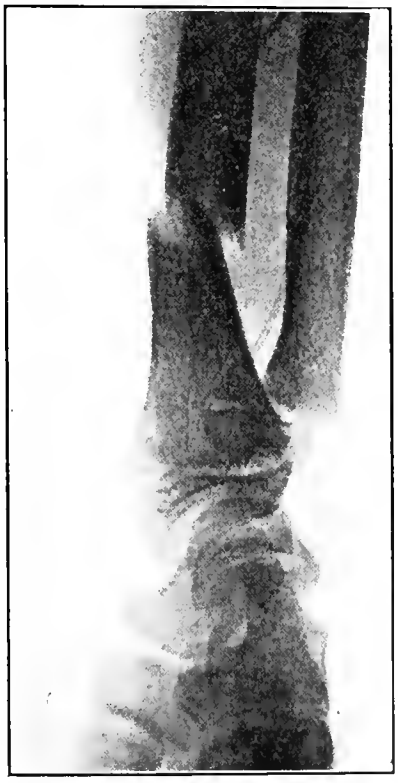

FIG. VI.

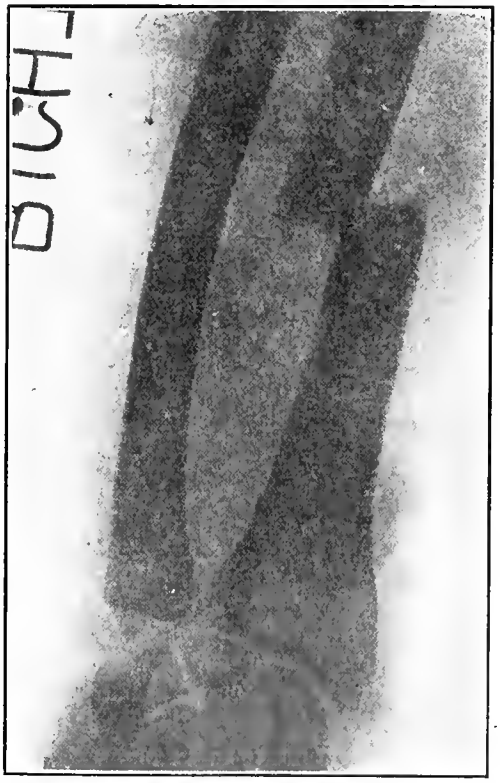

FIG. VIII.

FIG. IX.

was just below the surgical neck and the head and upper portion of the shaft was comminuted into three fragments which were widely separated, as shown in X-ray No. 4. Two plates were used in retaining the separated fragments. X-ray No. 5. His recovery was uneventful and the result most satisfactory.

Case 4—E. F.; school boy; age 14 years. Diagnosis: Fracture of radius. Admitted September 28, 1912. Discharged from hospital October 5, 1912. X-ray Nos. 6-7.

Case 5—R. G.; farmer; age 28 years. Diagnosis: Fracture of right radius, juncture of lower with middle third; overlapping of one-half inch. Admitted September 15, 1913. Operation September 16, 1913.

Accident happened five days previous to admission. X-ray Nos. 8-9. In this group are two patients with fractures of the radius without fractures of the ulna. These cases were more difficult from an operative standpoint. Care was necessary not to injure the radial nerve, and considerable difficulty was experienced in one case in getting the overriding fragments in apposition. The lower fragment is prone to become rotated, and some difficulty is occasionally experienced in getting the borders and surfaces in proper relation.

The intact ulna hinders unlocking of the overriding fragments, and in muscular individuals great force is sometime necessary in order to get the fragments in proper position.

Case 6—A. L.; laborer; age 26 years. Diagnosis: Fracture of tibia and fibula, lower third of right leg. Admitted January 3, 1913. Operation January 19, 1913. Discharged March 10, 1913. The fracture due to a crushing injury a few days previous to being admitted.

Case 7—E. K.; laborer; age 29 years. Diagnosis: Fracture of tibia and fibula, lower third of right leg. Admitted January 18, 1913. Operation March 20, 1913. Discharged June 12, 1913.

Patient was struck by a falling door, resulting in the above injury.

Case 8—G. E.; laborer; age 43 years. Diagnosis: Fracture of tibia and fibula. Injury due to a fall. Admitted January 21, 1913. Operation January 23, 1913. Discharged from hospital March 9, 1913, in good condition, no pain or discomfort complained of. Function good. Returned to the hospital June 5, 1913, complaining of pain at the site of fracture, with evidence of irritation due to plate. Old wound was opened

FIG. X.

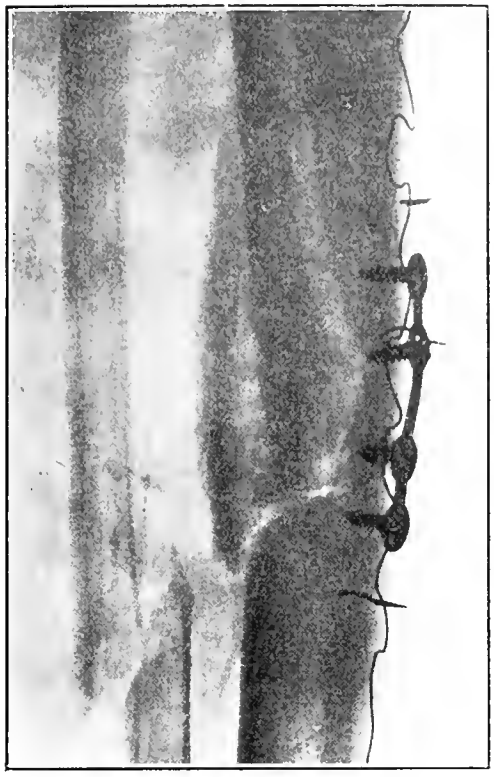

FIG. XI.

FIG. XII.

June 6, 1913, and plate removed. Discharged June 30, 1913, with a good functioning leg.

Case 9—G. A.; laborer; age 52 years. Diagnosis: Fracture of tibia and fibula. Admitted December 10, 1912. Operation December 15, 1912. Discharged January 29, 1913.

There are four fractured tibias in this group. One of these cases is specially interesting. (Case No. 7.) X-ray No. 10. An X-ray was taken the day following the application of a cast, after the bones had been reduced by manipulation. Several weeks later the cast was removed and decided overriding and deformity were present. This patient was very active and restless, and after the swelling had subsided the bones slipped. The third X-ray (No. 11) shows the result after plating. It is well to make the incision a little to the outer side of the anterior border of the tibia, so that the resultant scar will not be directly over the most exposed portion of the leg. This lessens the liability to later ulceration of the scar in patients with a tendency to varicosity.

Case 10—H. S.; schoolboy; age 6 years. Diagnosis: Fractured femur. Eight weeks previous to admission right femur was fractured; treated at home, with resulting deformity; brought to

FIG. XIII.

hospital for correction of this deformity. Admitted August 30, 1912. Operation September 2, 1912. Discharged October 27, 1912.

This boy had an old, firmly united fracture, with great angular deformity and consequent shortening and limp. The fracture was a short distance below the trochanter and the bowing was outward. There was considerable callus, as shown in X-ray No. 12. The callus was too firm to allow straightening even under an anesthetic, so it was decided to go down on the fracture and correct the deformity. This was done, and a triangular piece of bone was removed with an osteotome and the bone chiseled through for about two-thirds of its thickness and straightened. A four-screw plate was put on to retain the shaft in a straight line. X-ray No. 13. The leg was immobilized in plaster.

This boy made an uneventful recovery, and has a straight leg without shortening.

In our experience the Lane Plate has the following points in its favor:

It is possible to fix and retain the bone ends in apposition with much less dissection and trauma to the soft parts than is possible when wiring the ends is resorted to.

It is necessary to expose only one surface of the bone. No handling or exposure of the medullary canal is necessary, and the bone ends do not require the same degree of unlocking.

The fixation is a firm one. There is not the likelihood to "hinge" action that is seen when the bones are wired.

It is much easier to control with a plate the fragments in comminuted fractures. This class of fractures is most difficult of treatment by wiring.

There is almost no tendency to angulation at the point of fracture when a proper plate is used.

There is always the possibility of the wire breaking. This is obviated by the Lane plate.

If it becomes necessary to remove the foreign material a plate can be easily, quickly and completely removed without dragging on the bone.

Dr. B. Merrill Hopkinson attended the annual convention of the Amateur Athletic Union, which met in New York last month. While in the city he was the soloist at the Cathedral of St. John the Divine.

A UNIVERSITY OF MARYLAND.

An Address Delivered at the Annual Meeting of the General Alumni Association, November 11, 1913, by Omar F. Hershey, LL.B.

I should like to talk to you about the Law Department of the University. I doubt whether the people of Maryland realize how high their Bench and Bar have ranked in American legal history. Our State has been singularly free from those delays, venalities, shortcomings and abuses of justice which elsewhere have aroused the present popular dissatisfaction with courts. We have a simple, workable, expeditious and reasonably intelligent and effective system of procedure. We have exceptionally high legal traditions; and no State has produced any greater lawyers than we have. The credit for all this, gentlemen, must in all justice go to the University of Maryland.

But I am not going to talk about the Law School. I prefer a subject on which, if possible, I am more ignorant. I wish to say a few words about *A* University of Maryland as distinguished from *The* University of Maryland. The implications of this distinction are obvious. The elucidation of the obvious is, however, the time-honored privilege of the after-dinner bore. As, then, my subject is universities, let me begin with politics: that is the orthodox American line of oratorical approach to every subject. If you want to hurl a brick which every man in your audience is sure is not aimed at him, but at his neighbor, label it politics.

We Americans have trained ourselves to look on Democracy as a political system: politics has therefore becoming something of a national hallucination. All public thinking seems to function only in terms of politics. We expect all betterment to come by the political route. Now that we have suddenly become socially conscious of the great problems of social injustice, social inefficiency, social waste, we seem to expect to find a solution for them via politics. I say "we seem" to look only to political cures; in reality, I believe we are entering upon a momentous change in public thinking. Instead of looking on Democracy as a political system, we are beginning to look on it more and more as a new and constructive social idea. We are discovering, as Pope said, that politics is the madness of the many for the gain of the few; we are discovering that it is

not all of life to cast a vote. The women haven't discovered that yet, but they will as soon as they get the vote—and they are bound to get it. When organized and constructive social effort once becomes synonymous with politics, as it will, politics as we know it now will have changed: it will have become a science instead of a sport. Science, as you doctors know, is organized, co-ordinated, accurate, tried knowledge. "In science," said Ruskin, "you must not talk before you know." What a revolutionary test that would be for politics! It would also be a revolutionary test in after-dinner speaking. We all think too little and talk too much. Talk is too frightfully cheap. Is it? Try it on some of my professional colleagues here.

I do not mean to intimate that politics will ever become a science; but science is going to take a hand in politics. I use the word politics in its most generic sense. This great Democracy, by the sheer law of necessity, by the first law of nature, is going to demand a leadership that knows before it talks. The modern State, like modern medicine, must develop the expert: the quack has become too dangerous and too expensive. Contrast business and politics. In business we think only of efficiency, economy, coordination, subordination, knowledge, results. In politics we think of these hardly at all: we only talk about them: shibboleths, tom-toms and "mirth obscene" still divert us. "Very rarely do we squarely push the logic of a fact to its ultimate conclusion in unmitigated act." That is, we don't in politics: we do in business. In business we demand affirmative qualities—in politics we are satisfied with negative qualities. If after great political effort we manage to elect a man to office who will not steal, we consider it a great triumph of the suffrage. If he should develop ordinary intelligence, we consider it a rare piece of good luck; if he should develop extraordinary intelligence, the newspapers run him out of office. A politician is always good, if he is not bad; he is always wise, if he is not ridiculously otherwise. Meanwhile society pays the freight, because it is obsessed with politics.

Now, I'm not at all pessimistic about this. I'm sufficient of an optimist to believe that if I was cross-eyed I could still rejoice that I am not bow-legged. I realize that progress always and at all times has moved in mysterious ways its wonders to perform, but really, when you listen to the Sulzers and the Hobsons and other anointed leaders braying in the market place; when you find them ascending into the seats of the mighty; when you see them muddling everything they touch—politics, business, education, art, ethics, religion: when you see the noisy reformers, as Walt Whitman suggests, refuse to "come down from their stands and cease their bawling;" when you see the masses of our people apparently indifferent to the great spiritual and cultural forces and movements of the day, running to luxury and frivolity, worshiping all manner of false gods, doesn't it make you stop and think? Still, all this is more apparent than real. It is the noise that confuses us. We may not be growing better, but we are certainly growing wiser. Economic necessity is awakening in us a new social consciousness. Society realizes that neither the old politics nor the old ignorance can cope with the new problems of the coming day. Democracy realizes that if it is to endure unto the end, it must have leaders who know before they talk. Men who think instead of men who only think they think. An imperious necessity is driving us from the politician to the expert. From the politician to the schoolmaster. From the man who talks to the man who knows.

Which brings me to my text. And that is that the modern State must develop this man who knows. It must do it through its schools. It cannot afford to have a haphazard, chaotic, archaic, unscientific, hit-or-miss system of education. It must look on education not as a matter merely of the individual, with incidental benefit to the State, but quite the reverse. The State should make the University a great laboratory of expert service for the Commonwealth, and it should construct its educational system and spend its money to that end. Take our oyster question. For two generations now the oyster has been our star politician, and he has almost politicated himself out of existence. Let the oyster become a college professor and he will enrich us all. Take all these problems of conservation, of taxation, of city planning, of social and industrial legislation—are they not problems to be solved in the schools rather than on the stump?

Here in Maryland we have a multiplicity of institutions of learning, running from the best to the worst in the land. Some are equipped for one line of work and some for another, and some are not equipped at all; all are independent in action

and accidental in origin, and therefore we have no co-ordination of effort or of purpose, with few results of direct profit to the State. We have a shocking waste by duplication; a shocking inefficiency by want of resources and a shocking waste of actual resources. Last year the Legislature, in a haphazard, happy-go-lucky way, voted nearly one million dollars to various institutions of higher education. Over the application of these funds the State exercises practically no supervision. Some of this money goes to schools that merely duplicate our tax-supported high schools. Few of the beneficiaries recognize any obligation to the State. The Hopkins gets a large sum, but the State, as such, cannot call on it for any expert service, and in the present state of affairs probably wouldn't welcome such service. Every institution in the State has its friends at Annapolis: those that have the best friends get the most money, and those that have no friends get no money, but first and last all get a little and all do a little, and all remain little, when they might all be powerful parts of one powerful whole. Hasn't the time come for Maryland to face in some comprehensive and constructive way its problems of higher education? And isn't this State, for the very reason that its system is chaotic and haphazard, in an exceptional position to put some comprehensive and constructive twentieth century scheme into effect?

Dr. Fell and this ancient University have started a movement. We owe it to our Alma Mater and to our State to help it forward. *The* University of Maryland should become *A* University of Maryland. All State-aided institutions of higher education should unify through you. If the course of Empire moves westward, so does the Empire of ideas. The State universities of the West have developed a new type of educational effort and efficiency. We can afford to copy their ideas. Conditions here differ, of course. I believe that Maryland could put into effect a State system of higher education that would in many respects be an improvement on any Western university. I cannot, of course, in a 10-minute talk develop any plan or any argument in favor of any plan. In Wisconsin they have made the State University almost a fourth department of the State, ranking in effect with the legislative the judicial, the executive; it is their department of expert service, and it has brought the State incalculable returns. If statistics were permissible in an after-dinner speech, I should refer to the 9000 farmers of Wisconsin, who last year in one way or another took university farm courses. I should cite you figures crossing the hundred million mark of actual dollars and cents which the university has put into the pockets of its people. I should enumerate the skilled service rendered the State in every department of community endeavor; and I believe I could show how an intelligent unified State system of university work has revolutionized in a generation that large Commonwealth. We can do the same thing in Maryland. We have the resources and the power. The State now gives financial aid to many institutions. Let the State withdraw this aid and a number of them would close their doors. The State is, therefore, in an excellent position to dictate. Why shouldn't our agricultural, medical, pedagogical, technical and public schools, as well as all organized cultural agencies, including libraries and even private schools, work under a central control and as one organic whole? If we wish to take in the public schools, our Maryland system of county government makes organization into one system easier than other States have found it. We have plant enough to start, even if geographically it be somewhat scattered. True, it is antiquated, inefficient and often unintelligent. We need money. But we need a program more than we need money. We can get the money. Ten years ago the Legislature of Wisconsin was more tight-fisted than we are in giving up educational funds; today the farmers of Wisconsin cheerfully give up about $2,000,000 a year for their university alone. The taxpayers of Maryland will cheerfully carry the little extra burden if you will show them that it pays. They must be made to see education as a State rather than an individual asset. We pay our teachers a wretched wage because we do not realize the value of their work as a community proposition; we do not really regard them as serving the State. We think of them only as pouring the fresh instruction over the head of our dear little John and Mary and teaching their young ideas how to shoot, and any salary seems big for this delectable job.

Now, I have quickly shot off all this fine volley of words, as Shakespeare says, just to make this one point: this movement needs leadership; this leadership should come from the University of Maryland. You have age, you have reputation, you have a plant and an alumni; but, best of all,

you have the name—and you have the opportunity. I wish I had husbanded my time, so that I might make an appeal to my fellow-alumni to get behind Dr. Fell and study seriously the need and the possibility of a unified system of university work under the colors of the old University of Maryland. Get behind him and urge him to go further. Even the Johns Hopkins should fly the Maryland flag.

I know that fools rush in where angels fear to tread, but frankly, isn't the chief obstacle to the program I suggest just plain pride? Undergraduate pride at that; for when an alumnus thinks of his alma mater it is hard to rise above the pride and prejudice of undergraduate days. Each institution is afraid of the other. The Hopkins, for example, is strong; we are weak. Therefore, we fear them and they ignore us. They go their way; we go ours. They wouldn't fly our flag, for fear of losing their identity; we won't fly theirs for fear of extinction. We won't be tail to their dog unless we can wag the dog, and no self-respecting dog will let his tail wag him. Still, I have noted this profound truth in dogology—that a dog and his tail have no quarrel as to which does the wagging when they are both after the same cat.

We have here a great law school, but it isn't at all what it should be. You have great medical and dental and other departments, but they aren't as great as they might be. If I were to say that this medical school and the Hopkins medical school should unite in the holy bonds of matrimony, to the greater glory of both, you'd write me down an ass—so I won't say it. But I will say that they should at least be sweethearts. If I were to suggest that Dr. Guth's college of women should be a department of a University of Maryland, I might get applause from the bachelors, but all you married men, for good and sufficient reasons, to be sure, would sneer at it. And yet, why not? Anyway, if my progrom of coordination, as soon as I depart from glittering generalities, seems foolish, let me extricate myself by saying that you can't deny that we are bidden by Holy Writ to love our neighbors. Perhaps the University of Maryland can say, as did the colored deacon, that he tried to love his neighbor, but she just wouldn't let him.

Personally, I should like to see the Legislature appoint a commission to work out a plan. Not necessarily one that is feasible today, but one that may be feasible tomorrow, when we grow wiser and more tolerant. Not a commission of prominent pall-bearcars who like to see their pictures in the papers, but a commission composed of a few experts of the caliber, say, of Dr. Fell of this University, Dr. Welch of the Hopkins, Professor Eliot of Harvard and President Van Hise of Wisconsin, employed by the Legislature to investigate the situation and make an educational survey of the State and give us a program for the future. For, in the vague scheme I suggest the entire State educational system, from the primary school to the university doctorate, should certainly be considered. Considered, say, as they consider it not only in Wisconsin, but in France and in Germany.

If Germany outranks all other nations in social and industrial efficiency, it is due to the fact that first and last and all the time her educational system is a well-considered, co-ordinated, organic part of the State, working not only to better the individual, but to serve the State. Their social reforms emanate from their schoolmasters, not their politicians.

Lord Palmerston disposed of Germany as "the land of damned professors," but the professors have nevertheless made Germany. We have made the professor something of a national joke, but then the American, when he is not making money, is making a joke. Still, the poor professor, so long rejected in our public life, is about to become the head of the corner here as in Europe. In France the entire educational system of the nation is as much a unit as that of any public school system in any American city. The Superintendent of Education is a member of the Cabinet. They have 16 or more large universities, and I know not how many other technical and secondary institutions scattered throughout the provinces, but they all unify through the University of France as one organic whole. And I think even the most ardent American who knows France or Germany must admit that their educational results far surpass ours. At all events we can afford to study and to copy some of their ideas and methods.

I am not preaching any gospel of despair, nor any gospel of perfection, either; but if a nation's system of education is to be judged by its results, then we Americans have no occasion to be particularly proud of our system. We have now had several generations of the independent college, the free public school, the free library, the penny

paper, the cheap book and all the generous paraphernalia of universal education. Illiteracy has decreased, to be sure, but have we had that increase in sound thinking, in mental sobriety, in cultural wealth, in intellectual and social efficiency which true education unquestionably delivers? Read the pompous piffle that passes for political thinking; read the gossip and scandal and amiable guesswork we demand from our daily press; study the divil, snivel and drivel that amuses us on the stage; survey the caliber of some of the men in white samite, mystic, wonderful, who are pointing the way to salvation. But above all open your eyes to the social injustice, the social inefficiency, the social waste of today; and then tell me whether there is any bigger problem confronting the State than that of education. So, I end where I began —the big question in a Democracy, in Maryland, in Baltimore, is not the question of politics, but of sound, effective, higher education. This is a pompous platitude. James Russell Lowell says the three ingredients of after-dinner oratory are the joke, the quotation and the platitude; and the successful platitude, he says, requires a high order of genius. I have skipped the joke. I rest my case on the platitude. But if I should stop to prove, as I could, that a properly organized and supported University of Maryland would bring hundreds of millions of dollars in actual wealth to the people of Maryland in one generation, that would not be a platitude. And if I were to draw a picture of the great cultural values of a great university and insist that we could expect it ever and always, "with glowing ardor after the ancient plan, to read the lore and the rapture into the heart of man," neither would that be a platitude.

BOOK REVIEWS

Surgery of the Vascular System. By Bertram M. Bernheim, A.B., M.D., Instructor in Surgery, the Johns Hopkins University, Baltimore, Md. With 55 illustrations in text. Cloth, $——. Philadelphia and London: J. B. Lippincott Company. 1913.

It is only within a comparatively recent period, chiefly through the efforts of Carrel, Crile, Murphy, Matas and others, that vascular surgery has made rapid strides. In brief, it was thought some years ago that the last word in arterial surgery had been said. However, some enthusiasts thought and firmly believed that there was room for further development in this line of surgery, and, putting their convictions to the test, both in the laboratory and the clinic, have developed unthought-of fields. Constantly working and observing and perfecting, they have at last evolved a wide clinical field in which vascular surgery can be practiced with benefit to mankind. It has been known for years that blood vessels healed kindly, but when an artery was injured and sewn, obliteration of the lumen would invariably ensue. Therefore, a technic had to be developed to overcome this undesirable event. This has been accomplished, and not only this, but the anastomosis of artery to vein, the implantation of segments in otherwise unbridgable gaps, the direct attack of aneurisms, a reliable and simple transfusion technic, etc. It is with this new line of surgery that Bernheim's monograph deals, especially the practical aspects of vascular surgery are emphasized, but the experimental side has not been neglected by any means. As the author has devoted long effort, thought and careful observation and experimentation to vascular surgery and its possibilities, he embodies in his book what he himself has seen and done, not what others claimed to have done. The book goes thoroughly into the technic of vascular surgery, laying stress upon those little points which spell the difference between success and failure. The modern advances in transfusion, lateral anastamosis, end-to-end anastamosis, aneurismorrhaphy, venous implantation, varicose veins and surgery of the heart are simply but forcibly told, so that he who runs can see. The text has also been greatly embellished by the addition of a generous supply of illustrations, so that in most instances each step of the procedure under consideration can be followed pictorially. Included in the text also are a number of procedures which the author has found to tend to simplify certain undertakings, likewise illustrations of instruments devised or modified by him which he has found to be of practical value. As a practical guide to those interested in this branch of surgery it should prove invaluable.

We are glad to learn that Dr. E. Miles Wheeler, Baltimore Medical College, class of 1896, of 2129 W. North avenue, this city, who broke his arm above the wrist a short time ago while cranking his automobile, is very much improved.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, DECEMBER 15, 1913.

THE ACADEMIC DAY CELEBRATION.

November 11 was Academic Day. This date commemorates the opening of St. John's College, and was chosen as a fit time for the celebration of the closer union of the different departments of the University. It was a notable occasion, and one full of enthusiasm on the part of the students. Westminster Presbyterian Church, which is called the chapel of the University, was packed with regents, faculties, students and visitors. The exercises were dignified but inspiring. The music, under the direction of Professor Merrill Hopkinson, was very enjoyable. The chief feature of the exercises was the address by Mr. Charles H. Grasty, managing editor of the Baltimore *Sun*, whose subject was "The New Force Behind the New Freedom." Mr. Grasty's remarks were extremely forceful and helpful, and it was a great privilege to listen to such an address. Prof. Randolph Winslow made an appropriate memorial address in honor of the late Prof. Eugene Fauntleroy Cordell, A.M., M.D. Prof. John C. Hemmeter presented Geheimrat Dr. Adolph Schmidt, professor of medicine in the University of Halle, for the honorary degree of Doctor of Laws, which was conferred upon him by Dr. Thomas Fell, provost of the University.

Professor Schmidt returned thanks for the honor in appreciative words, and lauded the work of a number of our distinguished alumni, including Dr. Hemmeter as "last, but not least."

This was the first Academic Day celebration since Dr. Fell became provost of the University, and he noted the fact in appropriate remarks. A handsome luncheon was served at the Hotel Emerson after the exercises, at which 40 guests were present.

This was undoubtedly the most enthusiastic and most enjoyable gathering that we have had since the Centennial celebration in 1907.

In the evening of the same day the banquet of the General Alumni Association was also held at the Emerson, at which Mr. Omar F. Hershey sounded the call for a State University of Maryland. We believe the time is fast approaching when the State of Maryland will align itself with the progressive States of the Union and will establish and maintain its own university.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.
Dr. Edgar G. Ballenger, $10.
Dr. Louis W. Armstrong, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

THE AMERICAN COLLEGE OF SURGEONS.

The first convention of the American College of Surgeons was held in Chicago on November 13, at which 1050 surgeons were admitted as Fellows. It was a very impressive occasion. The Fellows, robed in their blue and scarlet gowns and blue caps with scarlet tassels, assembled in the gorgeous gold room of the Congress Hotel, where the fellowship was conferred on them in a body by Dr. John M. T. Finney, president of the College. Addresses were made by Dr. Finney and by Sir Rickman John Godlee, president of the Royal College of Surgeons of England.

The object of the American College of Surgeons is to standardize the practice of surgery by requiring special preparation of those who undertake surgical work. Among the founders and governors of the college are Professors R. Winslow, Frank Martin, A. M. Shipley and J. M. Hundley.

THE PATHOLOGICAL ENDOWMENT FUND.

The amount in hand applicable to this fund approximates $20,000. We need $100,000. Not much effort has been made for several months to solicit contributions, owing to the pressure of other duties, but we hope to do better later. In the meanwhile, we hope our appeal will be heard and responded to by our friends.

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	491 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
1913 Adjunct Faculty	19 85
Total to December 1, 1913	$10,675 02

NEW SUBSCRIPTION IN NOVEMBER.

Adjunct Faculty	$19 85

ITEMS

Dr. Lewis M. Allen, class of 1896, of Winchester, Va., formerly of Baltimore, and Miss Dorothy Newcomer Gilpin, whose marriage took place December 10, were the guests of honor at a dinner given in Winchester recently by Mrs. Susan L. Conrad and her son, Mr. D. B. Conrad.

Dr. George Walter, class of 1910, is located at 326 St. James Building, Jacksonville, Fla. He was recently appointed on the visiting staff of the County Hospital.

Dr. John S. Fulton, class of 1881, secretary of the State Board of Health, of 2211 St. Paul street, was the recent victim of pickpockets, who stole his pocketbook, containing $55.

Among those present at the November dinner of the Old South River Club, held at the clubhouse, was Dr. N. E. B. Iglehart, class of 1889, of 1008 Cathedral street.

Among those who attended the Maryland Week Exhibition at the Fifth Regiment Armory, November 10-15, 1913, was Dr. John S. Fulton, class of 1881, secretary of the State Board of Health.

Among the alumni present at a very enjoyable gathering at the Chi Zeta Chi Fraternity house November 15 were Drs. Jos. T. Smith, '77; Nathan Winslow, '01; Albert H. Carroll, '07; Frank Lynn, '07; Edw. Kolb, '12; H. L. Sinskey, '08; W. Byerly, '11; Edward Looper, '12; Harry C. Raysor, '13; C. R. Edwards, 13; W. Coleman, '08; H. M. Robinson, '09; M. Lichtenberg, '12; J. H. Von Dreele, '10; T. B. Wood, '13; G. A. Stein, '12; J. H. Traband, Jr., '12.

Miss Eva Chapline, University Hospital Training School for Nurses, class of 1909, is ill at the University Hospital.

Miss Brian, University Hospital Training School for Nurses, class of 1907, who was operated on recently at the hospital, is very much improved.

Major Robert P. Bay, class of 1905, chief surgeon of the First Brigade, Maryland National Guard, has arranged a course of instruction this winter for the medical officers of the brigade. Each regiment is to have an infirmary of its own, with complete equipment.

Dr. Howard E. Ashbury, class of 1903, major, Maryland National Guard, who has been in command of Field Hospital No. 1, has been made a member of the general medical staff. First Lieutenant F. H. Vinup, class of 1909, has been promoted to the grade of captain.

Dr. G. Lane Taneyhill, class of 1865, and Mrs. Taneyhill of 1103 Madison avenue, celebrated their fortieth wedding anniversary November 20. The same cook who prepared the first wedding breakfast cooked the anniversary dinner. Dr. Taneyhill has been a Baltimorean since 1863, when he came from Calvert county, Maryland, to the University of Maryland as a medical student, graduating in 1865. He served in the last year of the Civil War as assistant surgeon of the Eleventh Maryland Veteran Volunteers, and has taken a distinguished part in the medical life of the city for a generation.

Dr. John L. Riley, class of 1905, is located at Snow Hill, Md.

Academic Day was observed by the University of Maryland, November 11, 1913, at the Westminster Presbyterian Church, Fayette and Greene streets, to commemorate the one hundred and twenty-fourth anniversary of the opening of St. John's College, the department of arts and sciences of the University. A feature of the occasion was the presentation to the University by Dr. John C. Hemmeter of Prof. Adolph Schmidt, privy councillor to the German Emperor and professor of medicine at the University of Halle, upon whom the honorary degree of Doctor of Laws was conferred. The faculties of the University were in full academic dress. The full brass band from St. John's College at Annapolis furnished music for the occasion. The ceremonies began at 10.30 o'clock and lasted until the early afternoon. Besides the students from St. John's College, 300 in number, there were present students from the various departments of the University, members of the faculties, alumni, and regents. The principal orator of the day was Mr. Charles H. Grasty of the *Sun*, whose theme was "The New Force Behind the New Freedom." Dr. Randolph Winslow, professor of surgery in the University, read a memorial paper upon the late Dr. Eugene F. Cordell. Following the ceremonies in Westminster Church, a luncheon was served at the Hotel Emerson, at which about 40 guests were present. Provost Fell presided as toastmaster.

As a climax to the day's celebration, about 50 leading members of the University's alumni association met at the Hotel Emerson at dinner in the evening.

The following members from the Medical Department were present: Drs. Adolph Schmidt, Robert P. Bay, Samuel P. Moore, James W. Holland, C. P. Winterson, William H. Pearce, J. Mason Hundley, Ernest Zueblin, J. T. O'Mara, E. B. Freeman, C. G. Hill, E. F. Kelly, Charles O'Donovan, I. H. Davis, Nathan Winslow, David

Streett, John C. Hemmeter, H. M. Robinson and R. L. Mitchell.

The State Board of Health, Dr. John S. Fulton, class of 1881, secretary, which has been located on East Franklin street for several years, has moved to the Frank Brown Building, on Saratoga street. The board will occupy the second and third floors of the building.

Dr. Randolph Winslow is in receipt of the following letter from A. G. Shakhashiri, class of 1909, of Cairo, Egypt:

"*Prof. R. Winslow:*

"Dear Sir—Through the *Journal of the American Medical Association* I have learned what has happened to my beloved school, and was delighted. I located in Egypt two years ago, and upon three separate occasions have held office in the Egyptian Quarantine Service. The first time I was located at Makhl, where I remained four months; the second, at Bagbag, which was at the time of the war between Italy and Turkey, and the third detail was at Makhl. After leaving this service I came over to Cairo, where I found a vacancy in the C. M. S. Hospital, at Old Cairo. After serving there for some time I was elected by the trustees upon the visiting staff. In this hospital I hold the women's and children's clinics on Mondays, Tuesdays, Wednesdays and Fridays, after which I devote my time to hemorrhoid operations in the dispensary, the number being from 10 to 20 a day, sometimes more. During this summer another doctor and myself did 36 operations for piles and belharzia in one day. Thursdays and Saturdays are devoted to major operations, which are performed in the amphitheatre.

"I know it will please my professor of surgery to hear that I have done about 36 herniotomies, more than 100 operations for hemorrhoids and a number for hydrocele. Only one of the herniotomies became infected. I am very pleased with the work, both medical and surgical. I hope this news pleases you. Last week I saw a woman with this history: Married eight years ago; never had menstruated; the mammary glands undeveloped. The first thing she told me was that she was divorced because her husband did not like to see a woman without mammary glands. She is rather small, but well proportioned. The mammary glands are undeveloped—resemble those of a girl at eight years of age. The uterus was infantile, but the ovaries could be palpated. The vagina and labias were normal. As nothing could be done, she was merely treated for ankylostomiasis.

"Hoping to hear from you, with my very best wishes and regards to you all, I am,

"Yours very sincerely,

"A. G. SHAKHASHIRI."

Dr. John McMullen, class of 1895, surgeon, U. S. P. H. S., formerly of Baltimore, Md., has been ordered by the War Department, in connection with the campaign against trachoma in Kentucky, to proceed to New York and Philadelphia to observe the latest operative procedures in eye clinics; thence to Jackson and other points in Kentucy to determine the best location for additional hospital and dispensary. Also in connection with this work to address the annual school for county health officers at Louisville, Ky., December 8-10, 1913, on trachoma work in Kentucky.

The engagement is announced of Dr. William H. Daniels, class of 1907, of 1035 W. Lanvale street, this city, to Miss Virginia Lee Brown, a niece of Gen. James R. Wheeler, president of the Commonwealth Bank. The wedding will take place shortly. Dr. Daniels has made a specialty of orthopedic surgery, and is now connected with the James Lawrence Kernan Hospital and Industrial School for Crippled Children. Miss Brown is a graduate of St. Joseph's Hospital Training School for Nurses.

Dr. Howard H. Hopkins, Jr., class of 1895, of New Market, Md., who was bitten by a dog while attending a patient at Frederick, Md., a short time ago, and who has been undergoing treatment at the Pasteur Institute, is getting along nicely. Upon examination it was found that the dog had been suffering from rabies.

A musicale was given by the Doctors' Orchestra for the benefit of the Book and Journal Club, at Osler Hall, 1211 Cathedral street, November 11, 1913, at 8.15 P. M. Dr. Arthur P. Herring, B. M. C., class of 1896, of 2402 St. Paul street, had charge of the arrangements. Dr. B. Merrill

Hopkinson, class of 1885, was one of the soloists, and had charge of the chorus. His songs included "Westward by the Devon Seas," by Lohr; "To Anthea," by Hatton; "Boat Song," by Ware, and Damrosch's setting of "Danny Deever."

The Book and Journal Club was organized in 1896 by Sir William Osler and a few interested associates to place at the disposal of the members of the faculty all of the new books on medicine, surgery and the special branches, and to increase the files of both domestic and foreign journals.

Plans for the new building of the South Baltimore Eye, Ear and Throat Hospital, which is to be erected on Light street, near West street, have been practically completed, and it is expected that the construction of the building will soon be started.

The hospital was founded 12 years ago by Drs. H. E. Peterman, B. M. C., class of 1895, and James Bordley, Jr., class of 1896, and two years later a board of trustees and a woman's auxiliary took up the work of the institution. The work has grown to tremendous proportions. It is estimated that during the existence of the hospital 25,000 persons have been treated there, and more than 100,000 have received aid from the dispensary. The new hospital is very much needed.

The many friends of Dr. Robert E. Abell, class of 1912, assistant resident surgeon, who was operated on for appendicitis Friday, December 5, will be glad to learn that he is getting along nicely.

Dr. Louis H. Douglas, class of 1911, who is confined to the University Hospital with a fractured skull, received in an automobile accident, is reported to be doing nicely. His many friends wish him a speedy recovery.

Miss Annie Drye, University Hospital Training School for Nures, class of 1910, who was operated on for appendicitis at the hospital a short while ago, is doing nicely.

Dr. R. Dorsey Coale, dean of the Medical Department, who has been quite ill at his home, is much improved.

Dr. James J. Mills, Baltimore Medical College, class of 1889, and Mrs. Mills of 853 Park avenue, have returned from Europe.

EMBLEM OF OUR ALMA MATER.

Hail to thee, Emblem of State!
Unfurl thy colors to the breeze;
Thy life and history to mankind relate
Which will its heart and mind appease.

Tell of thy origin, virtues and deeds,
That hast heralded thy Emblem far and near;
Of the unexcelled opportunities that offerest indeed
To those determined for a future career.

Thy early career may be duly compared
To a ship at sea surrounded by mist,
Struggling 'gainst storm and tide to be spared
For the renewal of the conflict while life still exists.

The crucial test many years thou hast withstood,
A test that merits both valor and fame;
'Gainst unfounded prejudice thou hast made thyself understood
By elevating thy Standard. Glory be thy name!

Since life itself is but a struggle for existence,
The duration of which is known to none,
Let no man be vain in drawing inference
That life's duties we fulfill should be left half undone.

BERNARD LEVINSON, M.D.
612 W. Front St., Plainfield, N. J.

Drs. Randolph Winslow, class of 1873; Arthur M. Shipley, class of 1902; John Mason Hundley, class of 1882, and Frank Martin, class of 1886, attended the meetings of the "Clinical Congress of Surgeons of North America" and of the "First Convocation of the American College of Surgeans," held in Chicago, November 11-14, 1913.

The American College of Surgeons was founded some time ago in order that some method might be obtained whereby the practice of surgery could be restricted to men fully qualified to operate. They were made Fellows of the A. C. of S., which is equivalent in the United States to being a member of the British R. C. of S.

At the regular annual meeting of the University of Maryland Medical Society, held Tuesday, November 18, 1913, at 8.30 P. M., at the Hospital Amphitheatre, Dr. Albert H. Carroll, class of 1907, was elected president, and Dr. Howard

J. Maldeis, class of 1903, secretary, for the ensuing year. The program was as follows:

"Local Anesthesia in Rectal Surgery," Dr. J. Dawson Reeder.

"Luetin in the Diagnosis of Syphilis," Dr. Howard J. Maldeis.

"The Uses of the Duodenal Tube," Dr. Albert H. Carroll.

The retiring officers were as follows: Nathan Winslow, M.D., class of 1901, president; A. L. Fehsenfeld, M.D., class of 1909, secretary.

Among the recent visitors to the University Hospital were Drs. H. M. Fitzhugh, class of 1897, of Westminster, Md.; W. C. Chowning, class of 1904, of New Smyrna, Fla.; George Colbourn, class of 1911, and Asa Thurston, class of 1909, of Taylorsville, N. C. Dr. Thurston was on his way home from New York, where he has been taking a general post-graduate course at the New York Post-Graduate School.

Dr. Anton G. Rytina, class of 1905, writes he has been in correspondence with a number of his classmates concerning the possibility of getting them interested in a reunion upon the occasion of their tenth anniversary. Heretofore such class reunions have proven very successful, as well as pleasurable. They afford opportunity for classmates, who in many instances have not seen each other for years, to renew their university day ties. The BULLETIN would suggest that besides the reunion banquet, special clinics be given for the benefit of those attending. In this wise the reunion would serve both a useful and social purpose by affording those who have been unable heretofore to get away from their work a chance to brush up generally, besides, undoubtedly, a much-needed relaxation. The BULLETIN would like to hear from any member of the class of 1905 regarding his opinion concerning the reunion; also whether he proposes to attend. Appended is a list of the class.

Elmer Hali Adkins, Rosemary, N. C.

Julian Warrington Ashby, Hugheston, W. Va.

Samuel Luther Bare, Westminster, Md.

Robert Parke Bay, 1701 Guilford avenue, Baltimore, Md.

Chandos M. Benner, Taneytown, Md.

James Show Billingslea, Armiger, Md.

Alvah Parrish Bohannon, James Walker Memorial Hospital, Wilmington, N. C.

Baird U. Brooks, West Durham, N. C.

Frank Burden, Paw Paw, W. Va.

Ira Burns, Cumberland, Md.

Roscoe C. Carnall, Waverly Mills, S. C.

John Joseph Carroll, 120 Chestnut street, Holyoke, Mass.

Edward Lawrence Casey, Woodstock, N. H.

Sydenham Rush Clarke, 423 Hawthorn road, Roland Park Md.

Edward V. Copeland, Round Hill, Va.

Arthur Bascom Croom, Maxton, N. C.

Charles Callery Croushore, 108 West 2d street, Greensburg, Pa.

Frederick De Sales Chappelier, Lewes, Del.

Seth De Blois, Newport, R. I.

David Alphonse De Vanny, 132 East 61st street, New York, N. Y.

Alpheus Wood Disosway, Plymouth, N. H.

Manuel Dueno, Anasco, Mayaguez, Porto Rico.

James Eugene Dwyer, Polk, Pa.

John Martin Elderdice, Salisbury, Md.

Oliver Justin Ellis, South Royalton, Vt.

Harry Moore Felton, 109 Climax street, Pittsburgh, Pa.

Edwin Ferebee Fenner, Henderson, W. Va.

William Henry Fisher, Centreville, Md.

John Shaw Gibson, Gibson, N. C.

Milton R. Gibson, Maxton, N. C.

Leo J. Goldbach, 2217 East Pratt street, Baltimore, Md.

Archibald Wright Graham, Chisholm, Minn.

Vance W. Graham, Bamberg, S. C.

William W. Hala, New York, N. Y.

Samuel William Hammond, Lambert's Point, Norfolk, Va.

George B. Harrison, Colonial Beach, Va.

Henry Hiram Hodgin, Red Springs, N. C.

Henry C. Houck, S. W. Cor. Appleton street and North avenue, Baltimore, Md.

Hamner Carson Irvin, Jr., Roanoke Rapids, N. C.

Brooke I. Jamison, Jr., Emmitsburg, Md.

Francis W. Janney, 327 North Charles street, Baltimore, Md.

Harry Aquilla Jenkins, Assistant Surgeon, U. S. N., now on board U. S. S. Montana.

Oswald Ottmar Kafer, Newbern, N. C.

Nagib Kenawy, 11 Boulevard de Ramleh, Alexandria, Egypt.

Eugene Kerr, Towson, Md.

Herbert L. Kneisley, Hagerstown, Md.

William A. Knell, Augusta avenue and Frederick road, Irvington.

Kalil Magib Koury.

Edgar Brown Le Fevre, Inwood, W. Va.

Julius Levin; died in Johnstown, Pa., February 12, 1912.

George William Mahle; died in Baltimore, Md., February 20, 1911.

James P. Matheson, Charlotte, N. C.

James G. Matthews, Paulsen Building, Spokane, Wash.

George Skinner McCarty, Sandersville, Ga.

Harry Downman McCarty, 27 W. Preston street, Baltimore, Md.

John P. McGuire, Clarksburg, W. Va.

William Cuthbert McGuire, Huntington, W. Va.

Roscoe Conkling Metzel, 1824 West North avenue, Baltimore, Md.

Harold Edson Miner, 51 Maple street, Holyoke, Mass.

Robert Levis Mitchell, 2112 Maryland avenue, Baltimore, Md.

William Morris Mitchell, 80 Kennedy street, Bradford, Pa.

John Albert Nice, Mt. Airy, Md.

Oscar S. Owens, Manchester, Va.

John W. Parker, Jr., Williamston, S. C.

W. Arlett Parvis, Acting Assistant Surgeon, U. S. A.; at present at Sorocco, N. M.

John William Pierson, 2806 East Baltimore street, Baltimore, Md.

Daniel E. Remsburg, Cresson, Pa.

Samuel T. R. Revell, Louisville, Ga.

William James Riddick, Assistant Surgeon, U. S. N.; at present at Naval Station, Guantanamo, Cuba.

William Wordsworth Riha, Danvers Hospital for Insane, Danvers, Mass.

John L. Riley, Snow Hill, Md.

John Edgar Rooks, Haughton, La.

Anton George Rytina, 2204 East Monument street, Baltimore, Md.

Edgar McQueen Salley, Saluda, N. C.

Albert Leigh Sanders, 1113 North Gilmor street, Baltimore, Md.

Stuart Baskin Sherard, Gaffney, S. C.

John Holmes Smith, Jr., U. S. P. S., Ellis Island, New York.

W. Henry Smithson, Jr., New Park, Pa.

James Albert Stone, Shallotte, N. C.

Benjamin Franklin Tefft, Jr., Anthony, R. I.

William E. Ellicott Tyson, 2609 East Jefferson street, Detroit, Mich.

Frederick J. Wass, 136 East Duvall street, Jacksonville, Fla.

William Benjamin Warthen, Davisboro, Ga.

Dr. Randolph Winslow is in receipt of the following letter from Dr. J. M. Buch, class of 1913, of Santiago de Cuba:

"Santiago de Cuba, 16 de October, de 1913.

"*Prof. Randolph Winslow,*

"*Baltimore, Md.:*

"Dear Dr. Winslow—Received your very sincere letter of August the 20th, and feel really glad to hear that such a high percentage of our last-year men passed their respective boards successfully. Regarding Perez and Fajardo, I cannot say yet. They are now in Havana taking the board there, and I certainly do hope they will get through, as I think they deserve it.

"I received the last issue of the catalogue of the University, where I saw the improvements and advantages the University enjoys this year, especially as regards the number of students and the board of instruction, and it really makes me feel like I want to be there to appreciate those changes; anyway, it makes one feel satisfied when one learns his Alma Mater is progressing.

"Since I came from Havana I have been working at the Civil Hospital as intern, where we do a little of everything, which suits me for the present.

"My brother married Miss Debora Masforroll last month, and is now with the Sactia Sugar Co. at Nipe Bay, where he seems to be very pleased.

"Please remember me to the faculty, friends and members of the Winslow family.

"Respectfully yours,

"J. M. Buch."

Miss Marie de Ford Keller, the Baltimore artist, has completed a striking portrait of Dr. Samuel Claggett Chew, class of 1858, emeritus professor of medicine, of Roland Park, this city. The portrait was publicly exhibited last week in the galleries of the Peabody Institute. It is a particularly excellent likeness of Dr. Chew, and shows him seated in a big chair, wearing his black gown with its purple hood. It is a very liveable

picture, full of character, and Miss Keller is to be congratulated on her masterful piece of art.

A dinner at the Belvedere Hotel will be tendered Judge Henry D. Harlan, dean of the Law Department of the University, on December 18, in recognition of his services on the bench and as a token of the esteem in which he is held. The proposal to give Judge Harlan a dinner originated with the University of Maryland at its Academic Day. The guests will number about 100. Dr. Thomas Fell and Judge Henry Stockbridge are members of the committee in charge of the dinner.

Health Commissioner Nathan R. Gorter, class of 1879, of 1 W. Biddle street, has gone to New York to inspect the health department of that city and to visit its hospital for minor infectious diseases. He will stop in Philadelphia for a similar purpose. He is seeking information to be used in designing a new ward building at Sydenham to cost $30,000 and in planning quarters for the Health Department of Baltimore City. The building at Sydenham is to be for the treatment of measles.

Miss Bernice Conner, University Hospital Training School for Nurses, class of 1912, is located at 117 W. 22d street, Baltimore, Md.

Miss Ethel M. Dawson, University Hospital Training School for Nurses, class of 1912, is located at 117 W. 22d street, Baltimore, Md.

Miss Lucy B. Squires, University Hospital Training School for Nurses, class of 1909, is located at 226 E. Duvall street, Jacksonville, Fla.

Dr. Gerard Henry Lebret, class of 1913, of Montclair, N. J., chief resident physician of St. Luke's Hospital, Baltimore, recently resigned his position and has accepted one at the Givven Hospital, Stamford, Conn., where he will be head medical officer. Three months ago he received several offers from hospitals in other cities, but he declined them, so as to pursue his work at St. Luke's. The opportunity offered him at the Givven Hospital, however, was so exceptional that he did not feel he could decline it. Dr. Lebret has made many friends in Baltimore, who regret his leavetaking, but wish him much success in his new position.

MARRIAGES

Dr. John Guirley Missildine, class of 1911, to Miss Sara Taft, both of Parsons, Kan., at Parsons, October 15, 1913.

Dr. Maurice I. Stein, class of 1909, of Millerstown, Pa., to Miss Sarah Rubin of Baltimore, Md., at Baltimore, September 13, 1913.

Dr. John Knox, Jr., class of 1906, of Lumberton, N. C., to Miss Mary McNamara of Baltimore, Md., at Baltimore, December 2, 1913. After a short wedding trip, Dr. and Mrs. Knox will reside in Lumberton, where the groom is practicing his profession. They will be at home after December 15.

Dr. Alva Adair Matthews, class of 1910, of Oak Hall, Va., to Miss Marie Williamson Houchings of Richmond, Va., at Bloxom, Va., December 4, 1913.

Dr. Lewis Mines Allen, class of 1896, of Winchester, Va., formerly of Baltimore, Md., to Miss Dorothy Gilpin of Millwood, Va., at Millwood, December 10, 1913. After a wedding trip Dr. and Mrs. Allen will reside in Winchester, where a number of entertainments will be given in their honor and where the groom is practicing his profession.

DEATHS

Clara E. Query, R.N., University Hospital Training School for Nurses, class of 1906, formerly of Charlotte, N. C., president of the University of Maryland Nurses' Alumnae Association, for three years secretary of the Maryland Association of Graduate Nurses and a member of the Red Cross Society, died suddenly at Glitner Hall, Goucher College, this city, November 4, 1913, aged 50 years.

Dr. Gurley Davis Moose, class of 1907, of Mount Pleasant, N. C., a Fellow of the American Medical Association, died of tuberculosis in a hospital in Asheville, N. C., November 7, 1913, aged 30 years.

THE HOSPITAL BULLETIN

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COMPARISON BETWEEN WASSERMAN AND LUETIN REACTION WITH REPORT OF CASES.*

By H. J. Maldeis, M. D.,
Pathologist to the University Hospital.

Any method by which a positive diagnosis of syphilis can be made in all stages or degree of infection is very acceptable in the face of the present difficulties in making a correct diagnosis. The clinician and specialist is confronted daily with patients showing the various phases of this disease, and are not always able to make a positive diagnosis. This disease so strikingly simulates other diseases that any method, therefore, which assists in its differentiation is very valuable from many standpoints. For example: If we are governed at all times in making a diagnosis by so many obscure symptoms and signs as external or surface eruptions, which are not always clear and well defined, headache, scars, leukoplakia, enlarged glands, or to depend upon history—these things alone or collectively may mislead one in making a correct diagnosis.

With the introduction of the Wasserman, the responsibility of the physician in diagnosing syphilis, particularly in obscure cases, has been referred to the laboratory. This test is of unquestionable value in diagnosing syphilis. There are only three diseases (yaws, malaria, leprosy) that give in a certain number of cases a positive reaction. Really two of the three may be entirely eliminated, because they are rarely, if ever, seen in this country, and the chances are they will never play much of a part in "domestic medicine," whereas malaria can generally be diagnosed by finding plasmodia malaria present in blood. A positive reaction may be obtained in a very few cases of terminal tuberculosis or miliary tuberculosis. In both the symptoms are usually clear; as a matter of fact (according to some observers), syphilitic changes are sometimes seen in arteries of these cases, so that a positive reaction is due to syphilis complicating tuberculosis. Take, for example, a negative Wasserman. On what does it depend? The case may not be syphilitic; it may follow treatment; the infection may not be active enough to form lipoid substances on which it depends, or the infection may be in its earliest stage; it may be due to using alcohol. A negative Wasserman does not mean a cure in all cases. Our experience has been in a large number of cases that a positive reaction may follow if the patient is kept off of treatment for a shorter or longer period, depending on the stage of the disease, and on the form of medication. As a general rule, if two or more tests remain negative a year and a half after all treatment has been dispensed with, we may say, as far as the Wasserman is concerned, a cure has been effected. Can we say a person is cured of gonorrhea simply because we fail to find the gonococci? If so, many cases of cures are wrongly interpreted, particularly in the chronic forms with complications. The same thing is true of a negative Wasserman—one negative does not mean a cure, etc.

This leads me to the luetin test as a test of much value in giving additional help in diagnosing syphilis in some of its obscure forms.

Noguchi was stimulated in cutaneous test by von Pirquet's discovery of tubercular skin test and by several other workers, Noble, Neisser, Bruch, etc. They attempted to find a skin reaction for syphilis by applying various extracts of syphilitic tissue, fetal liver and chancre to the skin of syphilitic patients. In some instances

*Read before the University of Maryland Medical Society, November 11, 1913.

their efforts were encouraging, but not positive, and they determined that the skin of syphilitics was very sensitive and reacted to syphilitic extracts, and also to normal tissue. This peculiar sensitiveness of the skin in syphilis led Neisser to call this reaction "umstimmung." Neisser also suggested that an extract of pallidum may be useful if freed from its tissue constituents; this, however, had not been accomplished. It remained for Noguchi, after the failure of these men, to devise proper methods and media, etc., for growing the treponema pallida in pure culture and applying it.

The test depends upon the injection of the organism and the reaction resulting from a condition of hyper-sensitiveness of the skin, this being due to the presence of the organism and the formation of antibodies.

This cutaneous test is specific, depending upon a specific antigen, and in no other condition than syphilis do you get a positive reaction; whereas, in the Wasserman test, the reaction may be obtained by using non-specific antigen, it depending upon lipoidal substances as well as antibodies. The luetin test is therefore more specific, but is almost limited to late stages of the disease. The skin of most syphilitics is apparently susceptible to traumatic irritation. "Finger" advanced the theory of superinfection, which presupposes that a trauma creates a spot of weakened resistance in the skin, and that the syphilitic virus wander thither from a hidden focus in the interior to set up the lesion.

Neisser does not agree with this view, because he failed to find spirocheta present in the lesions. He believes it is due to a "pathogenic condition of skin itself," which he called umstimmung.

Noguchi, in 315 cases, observed in only 15 cases a reaction in the controls, and he gives as his opinion, "that it is not due to any abnormal irritative condition of the skin alone, but to a specific allergic condition."

Preparation of the Antigen. The spirocheta pallida is cultivated in ascitic fluid agar, containing testicle or placental tissue which should be sterile. The growth extends over a period of 6-12-24-50 days at 37° C. under anerobic conditions. At the end of this time those tubes showing dense growths of the spiocheta are taken and the tissue is separated from the agar column. These agar columns are then ground very carefully in a sterile mortar. This pastelike mass is diluted to liquid by adding some of the ascitic bouillon culture, which contains quite a large number of the organism. The next step is to heat the liquid preparation to 60° C. for 30 minutes in a water bath, and then there is added 0.5 per cent. tricresol. Cultures from this preparation should remain sterile, and no change should follow in testicles of rabbits from inoculation. Suspension examined under the microscope should show no motile organism. The best way to keep this preparation is in small ampoules holding from .5 c. c. or less in the refrigerator.

Noguchi applied the test to a series of rabbits: one group was given emulsion from syphilitic orchitis; another group was injected with the killed organisms; another group in which was produced experimentally orchitis (syphilitic), and still another group which were cured by intravenous injections of salvarsan. He also used a group of normal animals. Through these experiments he determined the specificity of the reaction before applying it to man.

The Test Applied to Man. The injection should always be given intradermically, as superficial as possible, and if properly given the epidermic layer should be raised in the form of a bleb, pale in color, which recedes in about 15 minutes. We had a few cases showing constitutional symptoms in syphilitics following luetin. A slight rise of temperature, general malaise, loss of appetite and diarrhea occurred in some of our positive cases, but no symptoms in our non-syphilitic cases.

Reactions. Normal or Negative. Noguchi in about 50 non-syphilitic cases determined that a normal reaction consisted of a small erythematous area at the site of the inoculation; this receded slowly in about 48 hours without induration. In some cases it may reach a stage of papule, size 4x4 mm. in 24 to 48 hours, and within four days is practically normal; no induration, but may be slightly discolored. As a general rule, there is no pain or itching. In 15 of our control cases there was no reaction at all, while 22 were of the small papular variety, receding in three or four days.

Positive Reactions. There are several varieties, depending upon the degree to which the skin of syphilitics react. According to Noguchi, there are three. First form, papular. In 50 per cent. of our positive cases there appeared within 24 to 48 hours after injection a raised papule, red-

dish in color. The size varied from 7 to 10 mm., with induration, and surrounding this was a red area. The size of the papule and degree of induration increased during the next four or five days; then it gradually receded, finally disappearing in about two weeks, although some lasted a longer time.

This reaction was noted in the secondary form, especially under treatment by mercury and "606." According to Noguchi, it is seen also in children under one year showing congenital syphilis.

Another form is the pustular. This reaction is usually seen in tertiary and some forms of hereditary, and some secondary under "606" treatment. This was first preceded by the papule, and on or about the fourth or fifth day the papule shows more redness and elevation due to edema and numerous small vesicles in some cases formed. These vesicles undergoing a softening which started in most cases in the center, and in about 24 to 48 hours the vesicle became filled with a semi-opaque serum which soon changed into pus. The pustule ruptured, and the edges remained indurated; a crust formed and soon fell off. Some of our cases showed large pustules, while others only small ones, and the same is true of the degree of inflammation. We were only able to observe a few cases where the induration persisted for several weeks.

Another form is the torpid. We found this delayed form in only a few cases, and therefore may be misleading. In a few days the papule disappeared and cleared up, and the cases reacted just as negative ones. Our cases suddenly started up again; in one case, 15 days later, and in another, about three weeks; then both went on to pus formation, finally acting as the pustular form. This form is usually seen in central nervous system lesions, although may occasionally be observed in primary, secondary and congenital syphilis (Noguchi).

RESULTS.

Noguchi records 642 cases; 315 were syphilitic, 77 para syphilitic and 250 controls. His results show that in primary and secondary syphilis with insufficient or no treatment no skin reaction occurred, except in a few cases, which always showed papule form of reaction. The treated secondary cases (after vigorous mercury treatment and "606") showed marked reaction. In his series, several cases in which Wasserman reappeared, the cases gave a doubtful luetin, and in about 15 cases treated with mercury and "606," in which Wasserman remained negative for more than a year, no luetin reaction was elicited.

These cases giving negative luetin reaction illustrate that the allergic condition of syphilitic skin does not persist after a certain time following complete elimination of the pallida from the system. In early cases, primary and untreated secondary, which came under our observation, showed the Wasserman to be more reliable, whereas in our cases of tertiary and late secondary the skin reacted strongly, which is due to a probable increase in the state of allergy. It is in these cases with very obscure symptoms that the luetin is more valuable than the Wasserman, because it is more often positive. This is true particularly of cases that are under treatment.

Noguchi mentions two causes for the absence of positive Wasserman. First, the restraining power of the body upon the propagation of the pallidum, together with the neutralization of its injurious products there, the formation of antibodies. Second, which is seen in primary and secondary cases, arises from the inability of the body to respond to the pallida stimulus by the formation of the substances on which the Wasserman reaction depends. In syphilis of the central nervous system the Wasserman is more reliable before effective treatment is used; then it becomes less constant and the luetin more reliable. It is more constant in a large number of these cases which have been under very vigorous treatment. The Wasserman made on blood often disappears in these well-treated cases. In some of our cases the cerebrospinal fluid reacted positive, while the blood reaction was negative. Noguchi's results with luetin in para syphilis have not been satisfactory. He studied 72 cases of general paralysis, 45 of which reacted positive, and in 5 cases of tabes, 3 reacted positive. In 35 controls, which included 15 cases of dementia precox, 6 alcohol psychosis and 14 cases of other forms of psychosis, only 4 reacted positive, and these cases were dementia precox. In 50 children used as control cases and 200 adults, Noguchi found none reacted positive. Orleman-Robinson in 108 dermatological cases used as controls, including a large number of different skin diseases, only one gave a positive reaction. In this case syphilis could not be excluded. In 63 cases of known syphilis his percentage of positive reactions corresponds very closely to Noguchi.

Cohen in 60 cases of various ophthalmological diseases, comprising both secondary and tertiary stages, obtained altogether about 77 per cent. of positive reactions. Clinical signs and Wasserman reactions were used as controls. Anti-syphilis treatment apparently influenced the Wasserman, because some of them reacted negatively in positively known syphilitics. These treated cases probably influenced a positive luetin reaction, particularly in the secondary stages. Some of the observers did not get quite such good results or encouragement as stated above. Suffice it to say that the test is of value in diagnosing syphilis.

Allan Brown, Babies' Hospital, New York, obtained a positive reaction in 30 out of 33 cases, or 90 per cent., suffering from congenital syphilis. In 73 non-syphilitic cases there was no positive reaction. Wasserman was also negative. He found that the more energetic the treatment, the more distinct the luetin reaction.

EFFECT OF REPEATED LUETIN TESTS.

In positive cases, when another test is made in about six weeks following the first, the reaction is very much like the first one, whereas if repeated at shorter intervals the reaction shows up more quickly and the duration is shorter.

Cohen observed a mild reaction following the injection with another about one week later, which quickly faded away, in about 24 hours, being due most likely to the negative phase of allergy. We observed this in two cases especially chosen for this purpose.

EFFECT OF TREATMENT.

Mercury does not affect the reaction; this is an advantage over the Wasserman. In several of our cases the reaction was negative, and on giving "606" and mercury together, and in some cases alone, following a subsequent injection of luetin, the reaction was strongly positive. This is especially true of "606," which possesses a double influence on spirocheta—"that of causing allergy by destroying some spirocheta; and, again, it completely destroys the spirocheta and brings about that which is termed a cure."

There is no doubt but that a certain number of cases are cured, determined by a negative Wasserman and luetin reaction; again, some may be in a quiet or latent stage, and will not respond to the serum reaction, but will to the luetin if treatment is vigorous. Cases which react negatively (Wasserman and luetin), at least one and one-half years after all treatment has been dispensed with, may be reasonably pronounced cured. The Wasserman will be the first to disappear, and then the luetin, although in some cases both will remain positive, even under vigorous treatment.

I desire to thank Professor Zueblin for securing the luetin from Dr. Noguchi's laboratory, Rockefeller Institute, and also for his assistance in referring cases for the test. I wish to express my indebtedness to the other professors and staff of the University Hospital.

REPORT OF CASES.

1. Cases in which syphilis could not be excluded as an etiologic factor.

Diagnosis.	No. of cases.	Wasserman. P.	Wasserman. N.	Luetin. P.	Luetin. N.	C. S. F. P.	C. S. F. N.
Arterio-sclerosis	4	3	1	3	1	..	..
Tabes dorsalis	4	..	2	2	1	2	..
Myocardial and aortic insufficiency	6	3	3	2	4	..	..
Aortic and mitral insufficiency	5	2	3	3	2	..	..
Myocarditis and arterio-sclerosis	1	..	—	..	—	..	..
Bulbar apoplexy	1	Not made		..	—	..	..
Meningitis	1	1	..	Died		..	..
Dementia precox	3	1	2	2	1	..	..
Hemiplegia	3	1	2	1	2	..	..
Cerebral syphilis	3	2	1	2	..	2	..
Amyotrophic lateral sclerosis.	1	+	..	Left		..	..
Traumatic hysteria and epilepsy	1	..	—	..	—	..	..
Epilepsy	1	..	—	..	—	..	..
Paralysis agitans	1	..	—	+	..	..	..
Chronic adhesive pericarditis.	1	None made		+	..	..	..
Cervical adenitis	1	+	..	..	—	..	..
Cirrhosis liver	1	..	—	..	—	..	..
Gumma liver	1	+	..	+	..	..	..

2. Case in which syphilis could reasonably be excluded as a factor.

Diagnosis.	No.	Wass. P.	Wass. N.	Luetin. P.	Luetin. N.	Gonorrhea. C. F. P.	Gonorrhea. C. F. N.
Varicose ulcer	1	..	—	..	—	..	..
Inguinal adenitis	1	..	—	..	—	..	..
Chronic arthritis	2	..	—	..	—	..	..
Nephritic	1	±	..	..	—	..	..
Floating kidney	1	..	—	..	—	..	..
Plastic pleurisy	1	..	—	..	—	..	..
Acute alcoholism	1	..	—	..	—	..	..
Hyperthyroidism	2	..	—	..	—	..	..
Enlarged spleen	1	..	—	..	—	..	..
Typhoid	1	..	—	+	..	..	..
Gonorrhea orchitis	1	..	—	..	—	..	—
Gonorrhea arthritis	3	..	—	..	—	2	—
Posterior urethritis	1	..	—	..	—	+	..
Infectious arthritis	1	..	—	..	—	..	—
Lymphatic leukemia	1	..	—	..	—	..	..
Pellagra	2	..	—	..	—	..	..
Pulmonary tuberculosis	5	..	—	..	—	..	..
Malaria	2	..	—	..	—	..	..
Epithelioma	1	..	—	..	—	..	..
Sarcoma cere. pont	1	..	—	..	—	..	..
Pleurisy with effusion	1	..	—	..	—	..	..
Ulcer of tonsil	2	..	—	..	—	..	..
Chancroid	2	..	—	..	—	..	..

3. Cases in which syphilis was the etiologic factor.

Diagnosis.	No. of cases.	Wass. P.	Wass. N.	Luetin. P.	Luetin. N.
Primary syphilis	2	1	1	..	2
Early secondary	3	3	..	1	2
Late secondary	4	2	2	4	..
Tertiary	5	2	3	4	1
Syphilitic periostitis	1	+	..	+	..
Syphilitic ulcer	2	1	1	2	..

4. Eye cases without definite history.

EYE CASES.

Chorio-retinitis	1	+	..	..	—
Optic atrophy	1	..	—	..	—
Choked disk	1	..	—	+	..
Iritis	2	+	—	+	—

FOR HIGHER IDEALS IN THE SOUTH.*

By Ruth R. Kuhn, R.N.,
Superintendent Nurses, Atlantic Coast Line Hospital, Waycross, Ga.

As a graduate nurse, registered, I beg leave to call the attention of the members of this society to a subject which I hope they will deem worthy of their consideration. It touches upon graduation, registration and discrimination in the profession of nursing.

Women, posing as graduate nurses, seem to be able to present themselves to communities in the South, and, as such, have little difficulty in obtaining work. These women, after 6 or 12 months' service in a hospital, either failed to make good, were dismissed or left of their own accord to seek employment as graduate nurses. These women lower sadly the standard of nursing in the South, and are a menace to the public. More often than not they are unsatisfactory to the physician and patient, which would seem only natural, for a nurse who is deficient in training is not capable of nursing seriously-ill patients; what she lacks in professional ability she makes up in her excessive "nerve" to demand the graduate nurse's fee. I do not wish to infer that these women should not be allowed to *work* as nurses, but I do insist that they should not be permitted to *nurse* as *graduate nurses*. The undergraduate, or practical nurse, as she is often termed, can be utilized in such cases where much professional skill is not required, or where a little training is better than no training at all.

Personally, I have had some experience with several of these women, and it offends my pride and sense of professional dignity to see such women, most of whom are uneducated and illiterate, presume to usurp the graduate nurse's position and aspire to those grave and serious responsibilities which belong strictly to the more intelligent type in the person of the *graduate nurse*.

This sailing under false colors is a grave evil, and can be remedied only by an organized movement among physicians to insist upon graduate nurses *only* when a fee is paid for a graduate nurse's services. Also, the physicians' co-operation in the enforcement of the laws of State registration for nurses, which is, in each of the States where it exists, an Act to regulate the practice of professional nursing.

With the progress of medicine and surgery, a corresponding advance has ensued in the methods of nursing the sick; and, in these days of higher education, the art of nursing takes its place among the scientific professions, and, as nursing is recognized as a formal auxiliary to the medical profession, refinement and education, we must admit, are essential factors in women who aspire to be trained nurses. We all know the intrinsic value of culture, which manifests itself toward success and harmony in every vocation and avocation of life. Therefore, while the opportunity presents itself, I would respectfully suggest that the physicians use their influence in recommending a more intelligent class of young women for the training schools of the small hospitals, allowing these women the privilege of affiliation with the training schools of the large city hospitals, in order to complete their training, thereby rendering themselves eligible for State registration.

State registration has done much toward raising the standard of nursing all over the country, and has served to eliminate, to a great extent, the undesirable element.

There is another type of nurse against whom discrimination should be made, namely, the cast-off graduate nurse. For some good reason she has been professionally ostracised in her own community; she seeks employment in another town, and frequently finds it. If she has been inefficient and unsatisfactory at home, we can reasonably assume that she will be the same elsewhere. For the good of all concerned, every woman who enters a community representing herself to be a graduate nurse should be required to show her credentials and some means instituted to verify same.

A movement is in view in Waycross for the betterment of nursing conditions, and, as under the physician's orders we are working toward the same great end, we must have first, last and always your loyal co-operation. And I hope the day is not far distant when the standard of nursing all over the South will have reached such a high ethical standard that every member of this society will consider the *graduate registered nurse indispensable* to the good results obtained by his medical and surgical skill.

I thank you, gentlemen, for the courtesy of the floor.

*Read at the meeting of the Eleventh District Medical Society of Georgia, for which purpose the writer was honored with the courtesy of the floor.

STRANGULATED HERNIA IN INFANCY, WITH REPORT OF FOUR CASES.*

By A. Aldridge Matthews, M.D.

The reason for reporting these four cases of strangulated inguinal hernia is that our worthy secretary has been after me for some time to read a paper, but I am trying to excuse myself by this brief report.

Recently, in reading an article by Dr. A. M. Collins in the Annals of Surgery, I was rather surprised to find that strangulated hernia in the very young is not as common as I had supposed, and I take the liberty of quoting from Dr. Collins' article and statistics which he has compiled in my remarks. In taking up this subject I will not consider children over four months of age. I am inclined to think that sometimes these hernia are overlooked and infants die, passing into rapid shock preceded by nausea and vomiting, and a strangulated hernia never being suspected by the attendants.

The symptomatology in children differs from that in the adult chiefly upon the absence of subjective evidence and the tendency to more rapid collapse. The objective symptoms are nausea, vomiting, constipation, tenesmus, local tenderness, swelling, hernial tension, blood and mucus per rectum, variations in pulse from the quick, hard, followed later by the wiry, small, weak and more rapid variety. The face, depending upon the patient's general condition, may be flushed with fever or pallid, as in shock, pinched and drawn. The cardinal symptoms peculiar to infants are violent and uncontrollable screaming, recurrent vomiting (often fecal in character), tendency to retention of the urine and constipation, facies suggesting shock; also a great tendency to rapid collapse.

The mortality in these hernia vary in different authors' hands, and there is quite a wide difference. Coley considers the mortality should be considerably less than in the adult; he reports 17 cases without a death. Eston reports an aggregated mortality of 23 per cent; Dowd believes the percentage should not exceed 10 per cent., while W. B. Reid believes the percentage should not be more than 3, provided the cases are gotten early and cared for under proper conditions.

*Read before Spokane Medical Society, October 23, 1913.

The prognosis in these cases is good, even though there is a prevailing opinion that a child so young cannot stand such an operation, but such is not the case. These children rally quickly and well. It is true there is a great tendency for physicians, and especially the parents, to try to put off operation of this character until the child becomes older or is inoperable. Whenever we find hernia with a persistent tendency to come down and offering some difficulty in replacement, it should be operated, regardless of the age of the child; for, being done before strangulation, the operation is simple and quickly accomplished. Of course, the more acceptable age to operate upon these children is from six to eight months of age, but the age should not be considered if there is a tendency to strangulation. In the ordinary hernia, when there is no tendency to being caught, I would wait and operate any time after six months. There is no occasion for the child to remain in the hospital longer than a few hours, or, in other words, until he is thoroughly awakened. He can then be taken home and any individual with ordinary intelligence, with a little instruction, can care for the child. I prefer to seal these wounds with a little collodion and cotton and then have the child kept as dry as possible by frequently changing the napkins. The patient should be examined every day by a trained nurse or the doctor, to see that there is no irritation or infection, and if such is the case the collodion dressing should be removed and the parts kept dry as possible and dusted with boracic-acid powder. Children of this age do not seem to be as prone to infection as adults.

The contents of the sack is usually small gut, but the cecum and appendix are often found, but practically never omentum on account of it not being very much developed at this age. I wish to warn against rough handling of these hernia in trying to reduce them for fear of doing harm to the gut, and, too, the skin is very easily broken by manipulation.

The diagnosis in these cases is comparatively easy. With the history and symptoms as before stated, along with a lump in the groin, the diagnosis is almost a certainty; one should be on the lookout for an undescended testicle or acute hydrocele, but with them the symptomatology is not the same.

In regard to treatment, there is but one—that is operative. The operation in these cases is a life-

saving one, should not be delayed, and should be done quickly.

The anesthetic that I have used in my four cases is ether, and in looking up the literature on the subject, I find it the anesthetic of choice among the majority of operators.

In a discussion of the administration of anesthetics to children at the New Jersey State Medical Society, 1912, Tuers said: "There are practically but two anesthetics to be considered—chloroform and ether. We should administer the least dangerous drug, in the least dangerous way. Chloroform is the pleasanter of the two, but the more dangerous."

I do not think there is much choice of operations. The unanimous opinion of men who are doing a great deal of this work is not to transplant the cord, and the majority follow a modified Bassini method. Some are advising the operation of simply removing and ligating the sac, not placing any suture in the belly wall at all, claiming that it is unnecessary, and results are quite as satisfactory without. This is along the same lines as advised by Dr. Ochsner in his treatment of femoral hernia, who states it is a well-known fact that it is practically impossible to keep any ring in the human body open unless it is lined with mucous membrane or includes a serous membrane containing fluid; consequently, the most certain method of closing this ring consists of removing the serous membrane by removing the hernial sac to a point within the abdominal cavity and permitting the ring to close spontaneously.

One should be careful in handling the cord, for the vas is very friable, and often closely attached to the sac and difficult to separate, as in one of the cases I am reporting.

Case 1.—Male; colored; age 13 days; born normally, and perfectly well up to the twelfth day, when child had a hard crying spell, then began to vomit, which persisted and the vomiting became dark in color and of a fecal odor. This child was brought to the University Hospital, Baltimore, Md., 1902, and through the kindness of Dr. Randolph Winslow the case was turned over to me. Upon examining the child I found a tumor in the left inguinal region about the size of a lemon. The superficial skin over the mass had been broken by rough handling in an attempt at reduction, this being done in the outdoor maternity clinic by a senior medical student, who had delivered the child.

The child was in extreme shock, with a drawn facial expression and vomiting fecal matter. Ether was used to anesthetize the patient, the field of operation prepared and an incision made over and into the tumor. The gut was found to be quite dark, but glistening, was replaced into the abdominal cavity, the sac tied off and two interrupted sutures used to close the belly wall, the contents of the sac being cecum and the appendix. The cord was not disturbed.

The child made an uneventful recovery, and when last heard from, several months later, was perfectly well.

Case 2—March 29, 1910. H. Wm. Johnson, son of Dr. H. W. Johnson, age nine weeks, was referred to me by his father for a strangulated left inguinal hernia, also having a right inguinal hernia. This condition had happened several times before, but his father managed to get the hernia reduced, but this time reduction was impossible. The child cried and vomited persistently, blood-stained mucus being passed by the bowels, eyes sunken and considerable shock. The child was transferred to St. Luke's Hospital. I found a mass in the left inguinal region, very tense and sensitive, extending down into the scrotum. After preparing the field of operation I opened down over the tumor, released the strangulation; gut, being much congested, was replaced, it being a loop of the small bowel. The cord was separated from the sac, which was rather difficult to do on account of the small size of the vas, which was intimately attached to it. Then the sac was tied and the wound closed with No. 0 chromic gut, no attempt to transplant cord or distinguish the layers, the skin being closed with horse hair and protected by a collodion dressing. The child made an uneventful recovery, leaving the hospital about six hours after the operation.

Case 3—May 28, 1910. Same child as case No. 2. H. W. Johnson, four months old, was brought in by his father with the same condition existing in the right side, except that the hernia did not extend quite as far down in the scrotum. This being the first time that this side had become irreducible, as yet there had been no vomiting. The same procedure was carried out on this side as on the other, and the child left the hospital a few hours after the operation. There was some irritation, and it was necessary to remove the collodion dressing on the fifth day. After the removal of the collodion the wound was kept dusted

with boracic-acid powder and as dry as possible until all irritation ceased. The stitches were removed on the ninth day with a primary union. The last report which I have gotten is, the child has a perfect result. The contents of the sac was small gut, which was in good condition.

Case 4—January 25, 1913. Child, white male; age eight weeks; well developed; bottle fed. Their family physician noticed the hernia at time of birth and tried to devise some means to keep same up. On several occasions hernia got down, and it was with difficulty that same was reduced. Was called by Dr. J. F. Hall in consultation to see the child January 25, 1913, for reason that hernia had become incarcerated and child was developing symptoms of obstruction, inability to get a bowel movement, and vomiting. We made very little attempt to reduce the hernia at this time, for it was quite tense, and, too, the mother had been attempting to reduce it as she had formerly seen the doctors do.

The child was transferred to St. Luke's Hospital. After it was asleep I attempted to reduce the hernia, but could not. An incision was made over the tumor, which extended down a short way into the scrotum; the obstruction was complete, the sac containing a loop of small gut, which was somewhat edematous, and dark red in color. The cord was separated from the sac with difficulty and canal sutured with one or two chromic No. o gut. There was no effort made to distinguish the layers or transplant the cord, skin sutured with horse hair, and wound sealed with a little cotton and collodion. Child left hospital a few hours later. The stitches were removed on the eighth day, primary union, child well and strong today.

BRIEF SKETCH ON ANESTHESIA.

By J. R. Wanner.

General anesthetics are volatile drugs, which, when absorbed by the lungs, induce unconsciousness and insensibility.

The most important general anesthetics are ether, chloroform, nitrous oxide, ethyl bromide and ethyl chlorid.

ETHER.

Dr. W. C. Long of Jefferson, Jackson County, Ga., was the first man to employ ether for a surgical operation. In March, 1842, he persuaded a patient, from whose neck he was about to remove a tumor, to inhale ether. The operation was done without pain and recovery followed without accident. This great event was simply recorded by Dr. Long in his ledger: "James Venable, 1842, ether and excising tumor."

On October 17, 1846, Dr. Morton, at the Massachusetts General Hospital, etherized a patient, and Dr. Warren removed a nevous tumor of the jaw without pain, though the patient did not become completely insensible. The great discovery was heralded throughout the world and was everywhere adopted with the utmost enthusiasm. Therefore the credit belongs to Dr. Morton, although Dr. Long was the first to use it.

CONTRA-INDICATIONS.

The contra-indications to the employment of ether as an anesthetic are arteriosclerosis, acute inflammatory infections of the respiratory tract, severe nephritis, especially when associated with cardiovascular lesions, and anemia when the hemoglobin is less than 30 per cent. The presence of valvular disease is not in itself a contra-indication, provided compensation is well maintained. Diabetes, especially when well established and associated with acetonuria, should be considered a contra-indication, since it has been shown that the anesthetic increases the acetone and renders the patient more liable to coma.

THE ADMINISTRATION OF ETHER.

When administered as an anesthetic the following precautions should be observed: No food should be taken for several hours before the operation; the teeth should be examined, and if false they should be removed; the throat and waist should be freed from tight clothing, but the patient should not be exposed, as inflammation of the lungs is liable to follow when these precautions are unheeded.

The anesthetizer must guard against placing the head and arms of the patient in positions likely to cause pressure on nerve trunks. The eyes should be covered with a pad of moistened cotton and the lips and nostrils anointed with petrolatum to protect them from the irritant action of the ether. As the vapor of ether is highly inflammably, and since it is heavier than air, it is necessary, when operating with gas light, to have the jet above the operator. In using the cautery special care is necessary to prevent ignition. No more ether should be used than is absolutely

necessary to induce and maintain the desired degree of anesthesia. The anesthetizer should be continually on the lookout for any irregularities in the respiration or pulse and for changes in the facial appearance.

Ether may be administered from a towel loosely folded in the form of a cone. A number of inhalers are on the market, but the Esmarch inhaler is the most satisfactory. At first the inhaler is held some distance from the nose, to accustom the patient to the irritant effects of the ether, but soon it should be brought close to the nose, so that the anesthetic may be inhaled in a more concentrated form. Regular snoring respiration, muscular relaxation and insensibility of the conjunctiva are the indications that the patient is prepared for the operation.

Administration by the "drop method" or "open method," which is now adopted in many hospitals, has much to recommend it. It consists in pouring ether drop by drop, slowly but continuously upon several layers of gauze, supported by a wire-framed mask. Complete narcosis is produced in from eight to ten minutes. With this method there is much less tendency to coughing, struggling and retching, the secretion of mucus is not nearly so profuse, and the frequency of after sickness is notably reduced.

Morphine sulphate, gr. ¼, and atropine sulphate, gr. 1-150, is given hypodermically usually to quiet the patient and lessen the secretions.

The quantity of ether required for an ordinary operation is from 6 to 10 ounces.

Ether when freely inhaled at first causes coughing, choking and a sense of strangulation from its irritant effect on the mucous membrane of the respiratory tract. Soon it induces flushing of the face, dilatation of the pupils, irregularity in breathing and an increased pulse. Frequently marked emotional excitement develops, characterized by shouting, crying, laughing or violent struggling.

ACCIDENTS DURING ANESTHESIA.

The most common accident during etherization is failure of respiration. When this occurs after the first few inhalations, it is generally the result of a reflex spasm of the laryngeal muscles excited by the ether. The admixture of a little more air with the vapor will serve to relax the spasm.

Embarrassed respiration is often due to the accumulation of mucus in the upper air passages or to the tongue falling backwards into the throat.

Respiratory failure may result from the direct action of the anesthetic on the respiratory center. If such an accident should occur the treatment is the following: Withdraw the ether, lower the head and elevate the legs, push the jaw forward and draw the tongue out, practice artificial respiration, keep it up for a half-hour if necessary. If pulse is weak you can give strychnine and atropine hypodermically.

AFTER EFFECTS.

The most common after-effects are nausea and vomiting. Pneumonia is an occasional sequel. It has been ascribed to the exposure of the patient, to chilling of the lungs by the rapid evaporation of the anesthetic.

CHLOROFORM.

On the 10th of November, 1847, Sir James Y. Simpson read before the Medico-Chirurgical Society of Edinburgh an account of chloroform with a detailed history of its administration. After this discovery ether was almost immediately abandoned throughout Europe.

Chloroform has much the same action as ether. Like ether it produces, when freely inhaled, a set of phenomena which may be divided into three stages. The first stage is characterized by excitement, coughing, salivation, irregular breathing, acceleration of the pulse, loss of self-control, muscular rigidity and imperfect consciousness. The second stage is characterized by complete unconsciousness, muscular relaxation, loss of reflexes, moderate contraction of the pupils, regular shallow breathing, fall of blood pressure and fall of temperature. The third stage is characterized by pallor, dilatation of the pupils, feeble irregular breathing, extreme weakness of the pulse and very low temperature.

While chloroform ordinarily is more dangerous than ether, it is preferred when the patient is suffering from an acute inflammation of the respiratory system or in advanced nephritis.

In very hot climates chloroform is generally preferred to ether, because ether is so volatile that there is difficulty in keeping the patient under its influence. In military practice chloroform is preferable on account of the rapidity of its action and the small quantity required to induce insensibility.

Chloroform is to be avoided in all conditions of heart weakness, in all operations where there is going to be severe hemorrhage, in operations

requiring the sitting posture, and in very prolonged operations.

NITROUS OXIDE.

Horace Wells, a dentist of Hartford, noticed the anesthetic effect of nitrous oxide upon those who inhaled it for amusement. Experimenting upon himself, he had one of his own teeth removed while under the influence of the gas. But his discovery was for a time overlooked during the excitement created by the discovery of ether. After his death, January 24, 1848, the use of the gas in dentistry was almost forgotten.

When freely inhaled, undiluted nitrous oxide causes an increase of blood pressure, a sense of exhilaration, ringing in the ears and lividity of the face. In a minute or two these symptoms are followed by complete unconsciousness. Upon the withdrawal of the anesthetic recovery commences at once—30-60 seconds. Great excitement, laughter or a disposition to fight is frequently induced by its inhalation.

Nitrous oxide is the safest of the anesthetics, and its use is not followed by any unpleasant after-effects.

Nitrous oxide is especially useful in minor operations where a short period of unconsciousness is desired.

ETHYL BROMIDE.

Ethyl bromide somewhat resembles chloroform in its anesthetic properties, but acts more quickly, is inhaled with less difficulty, is less depressing, and its effects are less lasting.

While it is not as safe as nitrous oxide, it has the advantage of not requiring a large apparatus for its administration.

Ethyl bromide is useful for short operations.

ETHYL CHLORIDE.

As a general anesthetic ethyl chloride is only suited for brief surgical operations.

On account of the intense cold caused by its evaporation, it is frequently used as a local anesthetic in minor operations.

An informal reunion and smoker was held at the University Club, Baltimore, Wednesday evening, November 26, by the Alumni Association of St. John's College. This was the night before the annual football contest between St. John's and Hopkins, at which St. John's was defeated, 13 to 3. There were informal speeches made by Dr. Thomas Fell, provost, and others.

BOOK REVIEWS

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Vol. III. Twenty-third series. Philadelphia: J. B. Lippincott Company. $2 net.

Volume III, twenty-third series of "International Clinics" contains a number of articles well worth spending some time with. The article on "The Prophylaxis and Treatment of Malarial Infections," by Charles F. Craig, Captain, Medical Corps, United States Army, shows a firm grasp of the subject. Captain Craig is an authority on tropical medicine, and especially malarial diseases; therefore, an article from his pen cannot be otherwise than authoritative. We were especially impressed with his statement—though everybody recognizes the vital importance of preventing malarial fever—that in many sections of the United States but little has been accomplish in the prophylaxis of these fevers. He even declares that many localities in our southernmost States are practically uninhabitable by reason of the severity of the malarial infection there present, while in others the inhabitants lead a wretched existence, made miserable by frequent and repeated attacks of malarial fever. We were still further shocked by the declaration that within recent years much money and labor have been expended in an effort to eradicate the hookworm, but very little has been accomplished or undertaken in the eradication of malarial disease, of vastly greater importance, in his opinion, than hookworm infection. The article then outlines a scientific plan by which miasmatic infection can be absolutely controlled; then discusses in turn the prophylactic use of quinine, proper treatment of the carriers of the infection and of initial infections, education of the public and the treatment of malarial infection. Though malaria is not as prevalent in Maryland as formerly, still it occurs sufficiently often for the physicians of our State to keep themselves abreast of the latest information in matters malarial. Another article which should receive some attention is "Remarks On a Clinical Study of Uncinariasis and Its Treatment," by Bailey K. Ashford of the United States Army Medical Corps, who did so much to bring hookworm under control in Porto Rico. Besides these, there are a number of other articles which no doubt will prove not only interesting, but instructive to the general practitioner.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JANUARY 15, 1914.

THE MARYLAND LEGISLATURE.

The General Assembly is now in session and the eyes of the educational institutions are fixed in hopeful expectation on this august almoner of the State's beneficence. There is a widespread demand that the financial aid of the State be extended only to those institutions over which the State has a direct control; and that the colleges that receive State aid be gathered under the aegis of the State into a State University. The Regents of the University are now working upon this problem and will have a bill introduced authorizing the formation of a State University of Maryland.

ILLNESS OF PROF. ROBERT DORSEY COALE.

For several weeks Professor Coale, Dean of the Medical School, has been compelled to relinquish his duties on account of illness. We are happy to announce that he is now able to be out of bed and to move around the house, and we hope he may soon be back at the University. In the meanwhile Prof. Thomas A. Ashby has been appointed Acting Dean, and has the work of the Dean's office well in hand. Prof. Daniel Base has taken charge of Professor Coale's classes, and there has been no interruption in the courses in chemistry.

THE PATHOLOGICAL ENDOWMENT FUND.

The tortoise is not a swift animal, but is said to be good in a long race. According to our observation the pathological fund bears a striking resemblance to the tortoise in its lack of speed, but, though it accumulates slowly, let us hope it may also make good in the long run. Send in your contributions!

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	516 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00

1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	19 85
Total to January 1, 1914.....	$10,700 02

NEW SUBSCRIPTION IN DECEMBER.

Randolph Winslow (1873).....	$25 00

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.
Dr. Edgar G. Ballenger, $10.
Dr. Louis W. Armstrong, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ITEMS

Dr. Clarence W. Heffenger, class of 1881, of Sykesville, Md., spent the Christmas holidays with relatives in Annapolis, Md. While there he attended the Christmas Day reception given by Mr. and Mrs. L. Dorsey Gassaway.

Miss Eva Chapline, University Hospital Training School for Nurses, class of 1909, who has been confined to the hospital for a number of weeks, is improving slowly. Her many friends wish her a speedy recovery.

A NEW-YEAR'S WISH.

I will not wish you happiness this glorious New Year,
For yours the will,
And yours the skill
To mould your cup of cheer.
I will not wish you happiness for yours the heart and brain
The way to clear
That leads to cheer
And dries the Old Year's tear.

I will not wish contentment for you in these New-Year days,
Nor pleasures, health,
Nor worlds of wealth,
Nor meeds of public praise.
I will not wish you strength or gain, nor any earthly gift
That only pays
You with its lays
And paeans full of praise.

I will not wish that fear nor fret shall not beside you lurk;
I shall not ask
That you may bask
In scenes that never irk.
But I will wish you work, and work, and loads and loads of work,
For it will bring
You everything
If you can work and sing.

—*H. H. Robinson, '09.*

Dr. Lewis M. Allen, class of 1896, of Winchester, Va., formerly of Baltimore, Md., and Mrs. Allen, who were married December 10, have returned from their wedding trip and are guests of Mrs. Allen's parents at Scaleby Manor, Clarke county, Virginia.

The following alumni of the University have been elected officers of the Medical and Chirurgical Faculty for the ensuing year:

President—Dr. Randolph Winslow, class of 1873, vice Dr. A. C. Harrison, class of 1887.

Vice-President—C. F. Davidson, class of 1888.

Board of Trustees—Drs. Louis McL. Tiffany, class of 1868; Wilmer Brinton, class of 1876; J. M. H. Rowland, B.M.C., class of 1892; George L. Taneyhill, class of 1865; D. E. Stone, class of

1864; T. A. Ashby, class of 1873; James W. Humrichouse, class of 1873.

Councillors—Drs. Hiram Woods, class of 1882; G. Milton Linthicum, professor of proctology; R. Lee Hall, class of 1901; J. E. Deets, class of 1882; Charles O'Donovan, class of 1881; L. C. Carrico, class of 1885; Guy Steele, class of 1897; David Streett, professor of practice of medicine, and J. S. Bowen, class of 1903.

Dr. John B. Bay, secretary of the American Otological Society, announces that the annual meeting of the organization will be held at the Hotel Chelsea, Atlantic City, N. J., May 27 and 28, 1914.

We are glad to learn that Dr. John D. Cronmiller, class of 1857, who has been at the University Hospital for treatment of an abscess of the nose, has sufficiently recoverd to return to his home in Laurel, Md. Dr. Cronmiller is 82 years of age.

The following appointments have been made by the Medical and Chirurgical Faculty for the ensuing year:

Dr. Harry Adler, alternate. *Legislation, A. M. A.*

Drs. Herbert Harlan, class of 1879; David Streett, professor of practice of medicine; J. W. Williams, class of 1888. *Medical Education.*

Drs. Theodore E. Cook, class of 1859; John T. King, class of 1866; Josiah S. Bowen, class of 1903. *Fund for Widows and Orphans.*

Drs. Albert H. Carroll, class of 1907; J. E. Gichner, class of 1890. *Public Instruction.*

Dr. J. L. Hirsh, class of 1895. *Defense of Medical Research.*

Dr. Gordon Wilson, professor of clinical medicine. *Tuberculosis.*

Dr. George Walker, class of 1888. *Sanitary and Moral Prophylaxis.*

Drs. Thomas A. Ashby, class of 1873; Albert T. Chambers, class of 1898. *Eugenics.*

Drs. Charles W. Larned, class of 1893; Charles W. Mitchell, class of 1881; Ernest Zueblin, professor of medicine. *Milk Committee.*

Drs. A. P. Herring, class of 1896; John S. Fulton, class of 1881. *Inebriety.*

Drs. W. R. Stokes, class of 1891; Howard J. Maldeis, class of 1903; H. W. Stoner, class of 1907. *Hygienic and Pathologic Museum.*

J. M. H. Rowland, B. M. C., class of 1892; Leonard E. Neale, class of 1881; G. W. Dobbin, class of 1894; J. Oliver Purvis, class of 1904. *Midwifery Law.*

Dr. A. P. Herring, class of 1896. *Publication Committee.*

Dr. Herbert Harlan, class of 1879, and Mrs. Harlan, entertained at dinner at their home, 516 Cathedral street, Tuesday evening, December 23, in honor of their debutante daughter, Miss Sara Cator Harlan.

Dr. Gideon Timberlake, professor of genito-urinary diseases, and Mrs. Timberlake, have taken an apartment at the Winona, Park avenue and Monument street, for the winter.

Dr. Nathan R. Gorter, class of 1879, and Mrs. Gorter, entertained a house party for the Christmas holidays at their home, 1 West Biddle street.

Dr. Nathan R. Gorter, class of 1879, Health Commissioner, is urging the necessity of having a State chemist to look after cases of poisoning and poisons sold illegally.

Heretofore the chemist of the city Health Department has as a matter of courtesy attended to such cases which are not so numerous, but Dr. Gorter points out that the chemist is the head of the pure food department and must look after the water, milk, food and disease, and his time is so fully occupied with these duties now that it would be impossible for him to make poison analysis without neglecting his other work. Dr. Gorter thinks that unless the State Board of Health can take up the poison cases there should be a State chemist appointed to do the work.

Dr. John S. Fulton, class of 1881, secretary of the State Board, said that his department would not be able to do the work with its present force, and that it was probably too much to expect the city chemist to do it. He thought the matter might be arranged either by the employment of a special chemist when the necessity arose, or the employment by the State of a chemist at a small salary to look after such work when needed.

Dr. Herbert Harlan, president of the Maryland Board of Medical Examiners and a member of the executive committee of the Federation of State Medical Boards of the United States, de-

sires to call particular attention to the coming meetings in Chicago, Ill., February 23-25, 1914, both dates inclusive, at the Congress Hotel, of the Conferences of the Council on Medical Education and the Council on Health and Public Instruction, and of the annual meeting of the Association of American Medical Colleges and of the Federation of State Medical Boards of the United States. It is important that as many representatives as possible from all the medical colleges in the State, as well as from the Board of Medical Examiners, be present.

Dr. J. Frederick Adams, class of 1894, and Mrs. Adams have closed their country place on the Rolling road, near Catonsville, and reopened their town house, 1314 North Charles street, for the winter.

We wish our readers a very happy and prosperous New Year.

Dr. H. V. Dutrow, class of 1904, of 922 Reibold Building, Dayton, Ohio, writes that as the year 1914 marks the first decade of the class as practitioners, a class reunion and banquet be held in Baltimore in celebration thereof just preceding, during or immediately after the meeting of the American Medical Society at Atlantic City, N. J., which will be some time in June. As repeatedly stated by THE BULLETIN, we believe too many class reunions cannot be held. Such occasions tend to keep alive college spirit, youth and enthusiasm, besides an opportunity for renewing old acquaintances. We will do our part to keep the movement before our readers, and offer our pages to Dr. Dutrow or anyone else in reaching those interested. Some of the 1904 men are located in Baltimore. We suggest that these get together and make the necessary arrangements for such an occasion.

Appended is a list of the class, with addresses, as far as we are able to ascertain:

Myer W. Aaronson, 1135 E. Baltimore St., Baltimore, Md.

Alexandre A. Atiyeh, Egypt.

Charles Bagley, Jr., 5 W. Chase St., Baltimore, Md.

Alberto L. Bartlett, unknown.

Thomas G. Basnight, Greeneville, N. C.

James R. Bishop, Jr., Showell, Worcester county, Maryland.

Benjamin J. Bond, Tallahassee, Fla.

Wm. Arch. Bradsher, Roxboro, N. C.

S. Bernice Buck, Anderson, Mo.

Julian G. Busby, Spencer, N. C.

Isaac A. Bush, Jr., unknown.

Robert E. L. Campbell, 1644 Hanover St., Baltimore, Md.

Wm. C. Chowning, New Smyrna, Fla.

J. Jennings Checkley, Bamberg, S. C.

Joseph Coleman, 59 W. 90th St., New York, N. Y.

Levin D. Collier, Jr., unknown.

Wm. F. Curran, Bishop, Texas.

Alpheus E. Dann, Canton, Pa.

Taylor E. Darby, First Lieutenant, M. C., U. S. A., Manila, P. I.

Edgar Brown Davis, Byronville, Ga.

Francis H. Digges, 1663 Edmondson Ave., Baltimore, Md.

John R. Downes, Preston, Md.

Howard Victor Dutrow, 922 Reibold Building, Dayton, Ohio.

Albert B. Eagle, Martinsburg, W. Va.

Wm. W. Eichelberger, Glenwood, Md.

J. Clive Enos, Charleroi, Pa.

Harlan L. Erwin, Dalton, Ga.

Arthur E. Ewens, Le Grand Apartments, Atlantic City, N. J.

Abdalah Ezzat, Egypt.

Richard W. Garnett, Charlottesville, Va.

Wm. N. Gassoway, Sharptown, Md.

Jacob W. Girber, 529 E. Main St., Bridgeport, Conn.

Oakey L. Gribble, Beverly, W. Va.

Ejnar Hansen, 41 E. 41st St., New York, N. Y.

Charles Hardwicke, unknown.

Charlie T. Harris, unknown.

Calvin S. Hicks, Durham, N. C.

Cephas C. Hill, Darlington, S. C.

Walton Hopkins, Annapolis, Md.

R. Emmett Houston, Greenville, S. C.

James E. Hurley, Wheeling, W. Va.

Charles B. Irwin, 3002 Baltimore St., Kansas City, Mo.

Daniel St. Thomas Jenifer, Towson, Md.

James McDonald Josey, dead.

Solomon C. Katzoff, 116 Aisquith St., Baltimore, Md.

Vernon F. Kelly, 3705 Falls Rd., Baltimore, Md.

David D. King, unknown.

Richard B. C. Lamb, unknown.

B. Frank Laughlin, dead.
Francis A. Lawton, Furman, S. C.
Alvin B. Lennan, 720 N. Patterson Park Ave., Baltimore, Md.
Walter V. S. Levy, Freedman's Hospital, Washington, D. C.
Taylor Lewis, Mullins, S. C.
Wm. T. Lilly, unknown.
Bedford E. Love, Roxboro, N. C.
John R. Lowery, unknown.
James M. Lynch, Asheville, N. C.
Clyde C. Mark, Quincy, Fla.
James V. Malloy, unknown.
John R. S. Martin, Christiana, Pa.
Edward L. Mathias, 3920 Tracey Ave., Kansas City, Mo.
John W. McGehee, Reidsville, N. C.
John D. Moritz, Cismount, Va.
John L. Nicholson, Camden, N. J.
Charles L. Parks, Middlebourne, W. Va.
De Alton B. Potter, Salisbury, Md.
Jesse O. Purvis, Annapolis, Md.
Luis Garcia de Quevedo, Porto Rico.
James E. Rawlings, Daytona, Fla.
Howard T. Robinson, Grantsville, Md.
Jacob L. Rubinstein, 1667 Washington Ave., New York city.
Farah Saad, Egypt.
Norman E. Sartorius, Pocomoke City, Md.
Wm. D. Scott, Jr., 804 Pennington Ave., South Baltimore, Md.
Santiago W. Somodevilla, Santiago, Cuba.
Wm. J. Steward, Lancaster, Pa.
Wm. H. Talbott, Chesapeake Beach, Md.
Patrick Henry Taives, unknown.
Aloysius W. Valentine, 606 North Carolina Ave. S. E., Washington, D. C.
Henry Waldschmidt, 933 Hanover St., Baltimore, Md.
Reuben A. Wall, dead.
Jesse Elliott Ward, Roberson, N. C.
Wm. C. Webb, Burrowsville, Va.
M. A. Weinberg, 1804 Madison Ave., Baltimore, Md.
Carson A. Willis, Jenningston, W. Va.
Silas G. Wright, Bellevue Hospital, New York city.
Herbert E. Zepp, W. North Ave. and Ninth St., Baltimore, Md.

Dr. Eugene Kerr, class of 1905, has moved from Glencoe, Md., to his new home near Timonium.

MODERN TREATMENT.

General Practitioner:
Patient, fainting spell;
Doc looks wise, and pens as per
℞ Calomel.

Famous (any old) Specialist;
Case, Tb. or boil;
Specialists, they must exist,—
℞ Castor oil.

Surgeons, Specialists and Docs
Have their fads and faults;
Fracture, wen, measles, pox—
℞ Epsom salts.

—*H. M. Robinson,* '09.

The alumni of the University are much interested in the coming marriage of Dr. Joshua Rosett, class of 1903, a native of Russia, of 1503 East Baltimore street, to Miss Louise Carey, daughter of Mr. and Mrs. Francis King Carey of 509 Cathedral street. Plans for the wedding have not been completed, but it is thought that it will take place some time during the month. Dr. Rosett and his bride will spend their honeymoon abroad, probably in Southern Europe, near Naples. Both Dr. Rosett and Miss Carey are much interested in the social uplift of the community, and it was while engaged in social work that they met and fell in love with each other. Dr. Rosett is a writer of some note. His principal works are "The Middle Class" and "The Quandary."

Prof. Arthur M. Shipley, professor of materia medica and surgical pathology, and Mrs. Shipley entertained the graduating class of nurses at their home, 1827 Eutaw place, Tuesday evening, December 9. A most enjoyable evening was spent in dancing and playing cards. Refreshments were served, and the nurses were sorry when Mrs. Clarke informed them it was time to start for home.

At the meeting of the Eastern Shore Society of Baltimore City, held at the Belvedere Hotel December 11, Dr. J. Clement Clark, class of 1880, of Sykesville, Md., was chosen president. The society is composed of about 200 charter members, its object being to bring together in the city all the natives of the Eastern Shore who are residents of Baltimore. A constitution and by-laws were adopted. The by-laws provide for an annual business meeting the first Thursday in each

November, to be followed by an annual banquet sometime in January.

At the regular annual meeting of the Annapolis Emergency Hospital, held December 10, Dr. Jas. J. Murphy, class of 1896, was re-elected chief of the medical staff. Dr. Louis B. Henkel, class of 1903, was elected secretary, and Dr. Walton H. Hopkins, class of 1904, was chosen a member of the executive committee.

Capt. Thaddeus W. Clark, class of 1880, of 10 West Hamilton street, who has been on duty with the Fifth Infantry, Maryland National Guard, as an assistant surgeon for several years, has asked to be placed on the retired list. Dr. Clark is a former assistant Quarantine physician. He became a member of the Fifth Regiment at Pimlico in the spring of 1898 when it was preparing for service in the Spanish-American War, and was the first officer in the camp to be mustered into the volunteer service of the United States Government. He was sworn in May 8, 1898.

Drs. Randolph Winslow and Frank I. Martin attended the twenty-sixth annual meeting of the Southern Surgical and Gynecological Association convention in Atlanta, Ga., December 16-18, 1913, under the presidency of Dr. John Young Brown, St. Louis, Mo. Asheville, N. C., was selected as the next place of meeting.

Among the Maryland National Guard officers who journeyed to Annapolis and paid their respects to Governor and Mrs. Goldsborough New-Year's Day was Major Robert P. Bay, Chief Medical Officer, First Brigade, class of 1905, of 1701 Guilford avenue.

Dr. Ernest Harrison Rowe, class of 1906, and Mrs. Rowe entertained a house party during the holidays at their home in Holly Hill, Caroline county.

Dr. Howard Victor Dutrow, class of 1904, is located at 922 Reibold Building, Dayton, Ohio.

Miss Nancy Brian, University Hospital Training School for Nurses, class of 1907, has resigned her position as superintendent of nurses of the Rocky Mount (N. C.) hospital.

MARY'S LAMB IN CHEMISTRY.

Mary's lamb was full of fleas,
Which fact made Mary blue;
But now it's clean, she washed his hide
With $HgCl^2$.

The lamb got constipated, then
Was ordered calomel;
Took ten grains $HgCl^2$
For plain HgCl.
Poor lamb has gone to (the hospital).

Mary has such lovely hair,
The prettiest golden hue,
Which ne'er can fade, for Mary has
On hand H_2O_2.

Once Mary would a shopping go
(She went without her popper);
She wanted many things, but then
She'd left without a Cu.

Mary had an awful thirst
One day not long ago;
She strolled into a beer saloon
And ordered H_2O.

Our Mary then was handed
A yellow-looking mess,
Which looked some like an eggnogg
And smelled like H_2S.

Mary's thirst is quenched at last,
She fixed it in an ice-cream den;
She asked for a plain soda,
But was given HCN.

—*H. M. Robinson, '09.*

The Chi Zeta Fraternity gave a smoker on November 15 at 921 McCulloh street.

Owing to the recent great number of suicides and attempted suicides by taking bichloride of mercury tablets, Dr. George Heller, Baltimore Medical College, class of 1897, of the First District, recently introduced an ordinance in the Second Branch City Council prohibiting the sale of the poison, except on the prescription of a reliable practicing physician, dentist or veterinarian. The ordinance also provides that it shall be sold only in blue or amber-colored corrugated bottles, and imposes a penalty upon those who have bichloride in their possession illegally.

At a recent meeting of the Eleventh District Medical Society of Atlanta, Ga., Dr. Charles Wes-

ley Roberts, class of 1906, was unanimously elected president. At the same meeting he read a paper entitled "The Surgical Treatment of Dyspepsia."

Dr. Charles L. Mattfeldt, class of 1896, and Mrs. Mattfeldt of Catonsville, Md., have returned from a trip to Jacksonville, Fla.

The following members were elected officers of the senior class for the year 1913-14: President, James Wesley Katzenberger; vice-president, W. B. Blanchard; secretary, George L. Timanus; treasurer, Wm. D. R. Brandon; prophet, Jesse R. Wanner; editor-in-chief of Annual, James C. Brogden; chairman executive committee, Howard H. Warner; chairman house committee, William S. Walsh.

At the recent meeting of the Medical Association of Harford County, Maryland, held at Havre de Grace, the following officers were elected for the ensuing year: Dr. J. Lee Hopkins, class of 1897, of Havre de Grace, president; Dr. Charles Bagley, Jr., class of 1904, of Bagley, Md., secretary.

At the meeting of the Washington County Medical Society, held November 13, 1913, at Hagerstown, Md., the following officers were elected for the ensuing year: Dr. Daniel A. Watkins, class of 1903, of 115 North Potomac avenue, Hagerstown, president; Dr. Ivan M. Wertz, Baltimore Medical College, class of 1903, of 117 North Potomac avenue, Hagerstown, secretary.

At the Frederick County Medical Society meeting, held November 12, 1913, at Frederick, Md., the following officers were elected for the ensuing year: Dr. Ralph R. Browning, Baltimore Medical College, class of 1897, of Myersville, president; Dr. Bernard O. Thomas, class of 1905, of 7 South Market street, Frederick, Md., secretary.

Miss N. E. Curtiss, University Hospital Training School for Nurses, class of 1911, spent a few days in the city. She is surgical nurse at the Watts' Hospital, Durham, N. C.

The engagement is announced of Dr. Clarence Benson, class of 1909, of Port Deposit, Md., to Miss Krauss of that city. The wedding will take place shortly.

Drs. Vernon L. Oler, class of 1911, of Howard Park, Md.; Cleveland D. Whelchel, class of 1913, of Georgia; Robert Glenn Allison, class of 1912, of Saranac Lake Sanitarium; Walter C. Bacon, class of 1911, of Eudowood Sanitarium, and William E. Gallion, class of 1912, of Maryland, have been recent visitors to the hospital.

Mrs. Robinette Burns Hayes, formerly Miss Minnie Bond Anderson, University Hospital Training School for Nurses, class of 1908, of Maryland, now of Fayetteville, N. C., who was recently at the hospital with her baby, who was ill, has returned to her home.

Dr. Samuel K. Pfaltzgraff, class of 1886, is located at 440 West Market street, York, Pa.

Dr. James Burch Joyce, class of 1894, and Mrs. Joyce of 1800 West North avenue attended the Army-Navy football game in New York November, 29.

We are glad to learn that Miss Grace Stoneham, a member of the senior class, University Hospital Training School for Nurses, who was operated on a short while ago, is doing nicely.

Dr. James J. Mills, Baltimore Medical College, class of 1889, and Mrs. Mills, formerly of 853 Park avenue, gave a delightful dance Christmas evening at the home of their cousins, Mr. and Mrs. William S. Hammond at Hollins Station, with whom they are spending the winter. The house was attractively decorated with holly and Christmas greens. A special feature of the entertainment was a brilliantly-lighted Christmas tree.

Miss Annie Drye, University Hospital Training School for Nurses, class of 1910, has resumed work after several weeks' illness at the hospital. She was welcomed by a number of old friends.

The regular monthly meeting of the University of Maryland Medical Society, Dr. Albert Hynson Carroll, president, and Dr. H. J. Maldeis, secretary, was held December 16 in the hospital amphitheater. Drs. Samuel T. Earle, Jr., George Mil-

ton Linthicum, J. Dawson Reeder, Arthur M. Shipley and Frank S. Lynn were among the speakers, including a picture talk on "The Hygienic Value of Public Baths" by Dr. Joseph S. Gichner.

The regular monthly meeting of the Maryland State League of Nursing Education was held at the University Hospital Wednesday afternoon, December 17. Miss E. M. Lawler, superintendent of nurses of the Johns Hopkins Training School, was elected president and Mrs. E. P. Clarke secretary.

The editors are sorry to announce that Prof. R. Dorsey Coale, for the past ten or more years dean of the medical department of the University of Maryland and always since his first connection a conspicuous figure in university affairs, is still confined to his home by illness. Everybody connected with the institution alumni, members of the factulty, and students sorely miss his presence in the Dean's office. In point of service Dr. Coale is the oldest member of the medical faculty, having been appointed lecturer on chemistry and toxicology in 1883 and professor of the same in 1884. For the past thirty years he has faithfully and excellently served our Alma Mater, always giving the best that was in him. Since December, 1900, he has been dean of the medical faculty and as such has exhibited marked executive ability. He held the same office from 1895 to 1897. THE BULLETIN, in behalf of its readers, extends to Dr. Coale its best wishes for a speedy recovery.

The annual meeting of the Nurses' Alumnae Association of the University of Maryland was held at the University Hospital, January 5, 1914. The following officers were elected:

President—Mrs. Ethel P. Clarke.

First Vice-President—Miss Mary Gavin.

Second Vice-President—Mrs. Page Edmunds.

Secretary—Mrs. Frank S. Lynn.

Treasurer—Mrs. Nathan Winslow.

Members of the Executive Committee—Miss M. E. Rolph, Miss S. A. Hostrawser, Miss M. E. Sullivan and Mrs. T. Reese Cornelius.

The regular January entrance examinations of the Board of Medical Examiners of Maryland will be given January 19th to 24th, inclusive, in the hall of the Medical and Chirurgical Faculty of Maryland, 1211 Cathedral street. These examinations are held three times a year, January, June and September. Credits earned in them count toward the certificates issued by the Board of Medical Examiners of Maryland for entrance to medical and dental schools in Maryland.

Miss Ruth R. Kuhn, University Hospital Training School for Nurses, class of 1905, superintendent of nurses of the Atlantic Coast Line Hospital, Waycross, Ga., is ill at the Maryland University Hospital.

The engagement is announced of Dr. Hugh Warren Brent, class of 1903, of 2124 Maryland avenue, to Miss Helen Vogeler, daughter of the late Jerome L. Vogeler and Mrs. Vogeler, of 1500 Eutaw Place. The wedding will take place sometime during the winter. Dr. Brent is one of the prominent young surgeons of this city.

BIRTHS

To Dr. Walter C. Gordon, class of 1907, and Mrs. Gordon, of 610 Cranston street, Providence, R. I., November 9, 1913, a son—Walter Colwell Gordon, Jr.

Recently to Dr. E. L. Whitney, associate professor of physiological chemistry, pharmacology and clinical pathology, and Mrs. Whitney, of 1520 Linden avenue, a daughter.

MARRIAGES

Dr. Charles B. Henkel, class of 1889, former alderman of Annapolis, to Mrs. Margaret M. B. Hall, both of Annapolis, Md., at Annapolis, December 9, 1913. Dr. and Mrs. Henkel will reside in Annapolis, where the groom is practicing his profession.

Dr. Charles L. Schmidt, class of 1911, formerly of 2211 Eutaw place, now of Union Bridge, to Miss Jane I. Purdum of Reisterstown, Md., at Baltimore, December 17, 1913.

DEATHS

Dr. George T. Truitt, class of 1870, died at his home, 1624 Lanvale street, Baltimore, Md., December 18, 1913.

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GASTRIC AND DUODENAL ULCERS, WITH SPECIAL REFERENCE TO THE METHOD OF OPERATIVE PROCEDURE EMPLOYED.*

By Frank Martin, M.D.,
Clincial Professor of Surgery, University of Maryland, Baltimore.

[Reprinted from Southern Medical Journal, April, 1913.]

The literature of ulcer of the stomach and duodenum has become so numerous as to make it impossible in a paper of this character to do credit in the slightest way to the subject. There is no surgical condition, however, that presents a greater array or a more varied picture of pathological lesions, sometime in its history, than does ulcer of the stomach or duodenum; none call forth more important questions to the attention of scientific workers. Indeed, I know of no other subject which presents more vexed problems for solution, and although surgical opinion has crystallized on some, there are many problems still arising in consequence of the varied complications which are as yet very chaotic.

What does ulcer stand for? It stands, I might say at the gateway of more lines of surgical invasion than all the rest of the pathological lesions of this organ, calling for at least four-fifths of all stomach surgery. The conditions which are directly or indirectly associated with it are pain, hemorrhage, perforation, the secondary results, such as adhesions, cicatrices, contractions and obstruction, and, above all, that nightmare or dread disease which selects this site more commonly than all others of the entire alimentary canal for its development, namely, carcinoma at the site of the ulcer, and finally the systematic conditions, toxemia, lowered vitality, anemia, etc. *These are a few conditions of what it stands for.*

Abundant clinical and pathological investigations have gone on in order to solve these problems and to place the treatment on a better basis, but still there is that wide diversity of opinion which keeps the subject decidedly unsettled. Attacking this subject a few years ago would have been a relatively simple task. Today it is far different, and by no means easily performed, and the last word certainly has not yet been said.

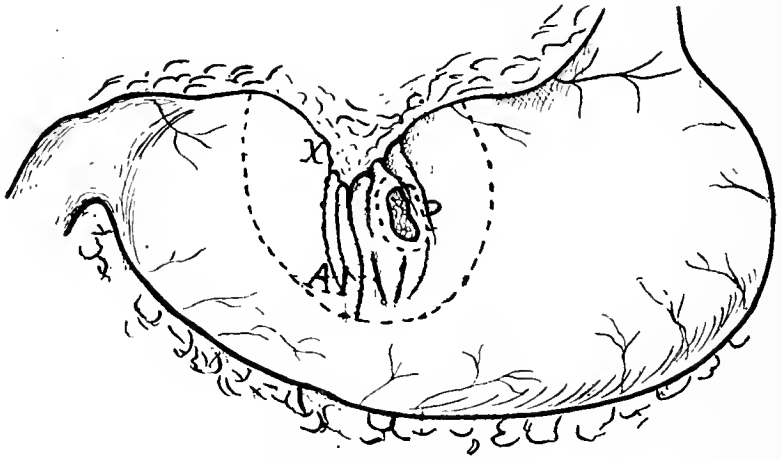
Twenty years ago was an epoch-making period in the history of stomach surgery, and it was then that I assisted my chief, Dr. L. McLane Tiffany, in doing the first gastro-enterostomy ever done in Baltimore. The Von Hacker posterior gastroenterostomy was done for an obstruction of the pylorus, due to a malignant disease having been engrafted on an ulcer at that point. The patient made a nice recovery, and was relieved of the starvation symptoms produced by the obstruction, and experienced comfort for a considerable time. Two years following, however, he died from the progress of his cancer. That case, as I look back upon it, was an ideal case for resection, for the progress of the growth had made only slight headway, but the operation that was done was a sidetracking operation and an operation for drainage, and I cite this case because that has been the operation that has had full sway practically as a cure-all for gastric and duodenal ulcer, with its varied complications. Since then they have become so numerous that they now rank by the thousands.

During the last twenty years much advanced work has been done, and great strides have been made, improvements accomplished in the technique of the varied operations, and many new

*Read at the Southern Surgical and Gynecological Association, December 18, 1912.

operative procedures introduced, but during this time one of the chief advances made by the surgeon and surgical invasions into this field has been to shed light and actually clear up many mooted pathological problems hitherto unrecognized. One, for instance, has been the recognition of the greater frequency of duodenal ulcers, which were formerly thought always to be gastric, now shown to constitute three-fifths of the cases. In the beginning there was very little exact knowledge of the pathology of ulcer except its complications, and in my experience stomach analyses have aided very little in reaching an exact diagnosis. In my earlier cases they frequently indicated malignancy where benign conditions were found, and often just the reverse in inoperative malignant cases.

sents case eleven in my series of acute perforation cases. It was a case of long-standing ulceration of the stomach, which had extended down on the anterior and posterior wall of the stomach for a considerable distance. At this *ulcer-bearing area carcinoma had developed.* The perforation had occurred on the gastric side of the saddle, at the thinnest portion of the ulcer. He was brought to me fifteen or sixteen hours after the first symptoms, from the medical side, where the perforation had occurred, and I operated on him for acute general peritonitis resulting from this perforation. I found it impossible to close the perforation on account of the marked thickening which had occurred in and around it from the carcinomatous infiltration. This infiltration had extended, not only in the stomach wall in and



CASE 2. FIGURE 1.

AI Area of infiltration. P Perforation. X Saddle ulcer with contraction.

LOCATION.

The location of duodenal ulcer is in the first inch and a half of the duodenum, extending up to within three-fourths of an inch of the pylorus, some of them involving the margin of the stomach at the pyloric ring. Being rather high, and involving the pylorus, probably explains why they were classified as gastric ulcers. Gastric ulcers are usually single, solitary in 87 per cent.

When multiple ulcers exist they may be only two in number or almost uncountable, and 90 per cent. occur in the grinding pyloric end of the stomach, more often near the lesser curvature, often projecting down upon the anterior and posterior walls, and, therefore, called "saddle ulcer." An excellent illustration of such a type of ulcer is shown in figure No. 1, which repre-

about the ulcer-bearing area, but had metastasized into lymphatic structures, and there was a huge mass fastening it to the back, so that it was utterly impossible to get it up and resect it. I could not begin to get around it; the opening where the perforation occurred was so densely infiltrated and thick that I could not close the perforation as it was, but I found by dissecting the perforation out, by making an incision around it, as is indicated by the dotted lines at "P" in figure 1, which made quite a good-sized opening into the stomach, and by putting in mattress sutures I could bring together this opening and turn it in. The abdomen was then opened below and drainage applied both in the lower abdomen and upper abdomen. The patient made an uninterrupted recovery, and improved con-

siderably for a number of months, but died from the ultimate progress of the carcinoma. I mention this case largely from the fact that it is not common to meet with a perforating gastric ulcer after carcinomatous infiltration has taken place in it, and it is the first one of the kind I have had in my experience.

A gastric ulcer usually stops abruptly at the pylorus. Both gastric and duodenal, being nearer the pylorus, interfere with the motility, and give rise to mechanical difficulties in the process of healing, and likewise cause obstruction and retention of food. Haggard says: "The portion of duodenum involved by the ulcer is the portion which acts as a vestibule, as it were, for the small intestine, and is a meeting ground for the acid stomach ingesta and the alkaline biliary and pancreatic secretion, so that it partakes of the character of the stomach and its ills, and is supposed to be more frequently diseased than any other part of the intestine of equal length, save the rectum."

Duodenal ulcers are more serious, from the fact that their coats are much thinner, and the danger of erosion of large blood vessels and perforation of the ulcers much greater. However, they are less serious in that they seldom take on malignant degeneration. Two of my late cases of pylorectomies for duodenal ulcer are exceptions to that rule, however, as it was shown that malignant degeneration had taken place in the ulcer. Hemorrhage occurs from ulcer at this site more commonly; it is noted in about one-half of the cases. Primary hemorrhage, although severe, seldom calls for operative interference. A question, to my mind of much clinical importance and about which much stress is laid, is clinching the diagnosis of ulcer of the stomach and duodenum on the finding of occult blood. This, of course, is of considerable value when associated with the other clinical evidence, but its absence in no way negatives the diagnosis of ulcer. If the diagnosis is to be clinched on this finding, then many cases will go totally undiagnosed. As Mayo says, "Occult blood in the stool affords considerable valuable evidence as to the fact that it is blood, but it should never be lost sight of that it bears with it no indication as to its source. It may come from any slight abrasion in some part of the many feet of mucous membrance which exist between the lips and the anus." As a matter of fact, hemorrhage from these chronic ulcers is by no means of frequent occurrence, and I, for one, do not lay stress on its absence as contraindicating the diagnosis.

Recurring acute hemorrhages are best treated by opening up the stomach or duodenum, locating the bleeding point and suturing the part firmly. Chronic small hemorrhages, on the contrary, can be cared for by gastrojejunostomy, especially if the ulcer is limited to the duodenum or near the pylorus.

THE ETIOLOGY OF GASTRIC AND DUODENAL ULCERS.

The gastric and duodenal ulcers have practically the same etiology. Being still a speculative and unsettled point, I will not go into it, but I cannot pass over this subject of the pathogenesis of gastric ulcer without calling attention to the article by Turck on "Ulcer of the Stomach, Pathogenesis and Pathology." He lays great stress on the role that cytolysis and autocytolysis play in the formation and persistence of ulcer. The chief factors of most scientific investigations are *injury of the mucosa in the grinding pyloric end, anemia and hyperchlorhydria.* Mayo states: "Ninety per cent. of gastric ulcers are to be found in the pyloric end, which contains one-sixth of the gastric mucosa, while the beginning of most duodenal ulcers will be detected at the point of impact, where the acid chyme is forcibly ejected through the pylorus against the duodenal wall."

DIFFERENTIAL DIAGNOSIS.

After all, this is one of the most important points in consideration of this subject, and in spite of the many aids we have at our command, many grievous mistakes are still made. It is important to touch upon the many conditions occurring in this region which have to be eliminated in arriving at a thorough diagnosis. The chief important conditions it has to be differential from are gall-stones, cancer and chronic appendicitis. (I am sorry time will not admit of this very important subject of diagnosis being gone into).

Usually the clinical history of the majority of gall-stone cases admits of an easy diagnosis. The chief things are that the symptoms appear in these gall-stone cases in well-defined, decided attacks of short duration, and in which after subsidence there is an intermission of days, months or years, frequently, of perfect health, except in the uncomplicated cases. The attacks

come suddenly, without warning, and there is an abrupt cessation, which is as sudden as the onset.

In cancer the history is a progressive one of gradual emaciation, pain is quite constant, though it may be less acute than in ulcer, more continuous, a dull, depressing ache, as it were, usually intensified by ingested material, usually located in the epigastric region, the gas distention is more chronic and depressing, the appetite is lessened, and there is usually a disgust for food, emaciation, as a rule, rapid, and the patient rapidly takes on languor, which is continuous.

The chief symptoms usually in a clinical history will eliminate chronic appendicitis as the exciting cause.

There is a defined, typical syndrome of symptoms of chronic gastric and duodenal ulcers which is quite pathognomonic. These are the symptoms of indigestion, associated with hunger, sour feeling in the stomach, pain, gas retention, sour vomiting, with or without blood, and the pain recurring two or four hours pretty regularly after meals. Anything that neutralizes the acid, as a rule, gives temporary comfort. Ulcers distal to the pylorus, namely, in the duodenum, give rise to symptoms that, as a rule, vary in degree, and in most cases are perfectly clear, and admit of an unhesitating diagnosis. Sometimes they exist without any symptoms until a sudden, and perhaps fatal, hemorrhage or perforation declares their existence. The pain in a measure differs from that of stomach ulcer; it is produced from irritation of the open ulcer by the hyperacid gastric juice, and comes on after the stomach digestion is complete. In other words, it is more noted just before meals. Coming on just before meals it is often called "hunger pain," and the patient often finds that something taken will relieve the pain. This is explained by a spasm, produced by the pylorus closing when there is food in the stomach and the hyperacid juice no longer gains access to the duodenum. It sometimes occurs significantly in the small hours of morning. It is of a burning character, and located in the right midline or along the costal border. This colicky pain, as said, is caused by pyloric spasm. These patients often do not restrict their food to any great extent, and there is no appreciable loss of weight in the early stages. As the ulcer continues, however, the pain becomes more constant, the diet is often cut down, the patients are underfed, and emaciation results.

In deference to this subject I quote the words of one of the world's foremost authorities, namely, William J. Mayo.

"The average history of the patient with chronic ulcer upon whom we have operated shows that the disease has existed for years. The periodicity of the attack is as well marked as are the attacks of appendicitis or gall-stone disease, the only difference being that in the early history the exacerbations are to be measured by days and weeks, and the intervals by months and years of comparative freedom. These prolonged periods of relief encourage an erroneous belief as to the curability of the disease. In the course of time the attacks become more frequent, and finally the patient arrives at the stage of mechanical obstruction through stenosis, deformity or adhesions, or perforation and hemorrhage precipitate an unfortunate ending."

Acute ulcer of the stomach and duodenum properly belong to the domain of internal medicine, and the complications, such as hemorrhage, perforation and obstructions, are the only ones that claim surgical interference. The *chronic ulcer, the recurrent, bleeding ulcer, the long-standing, callous ulcer,* which entails years of invalidism, and in fully 25 per cent. is the direct cause of death, these more commonly occurring in the form of the "saddle ulcer" of the lesser curvature, even in the opinion of Leube, the most optimistic of men, should not be held under medical supervision longer than four weeks, and then are to be considered surgical. They usually show little tendency to heal under medicinal and dietetic treatment, and when they seem to do so the cure is usually not lasting, and the best statistics indicate that they recur or relapse in at least two-thirds of the cases which are apparently cured, to say nothing of the sequelae and complications which may follow. The statistics of five hundred cases treated at the London Hospital show that about 50 per cent. were uncured by medical means, and of those discharged as cured one-half relapsed. The results secured at the Massachusetts General Hospital were entirely in accord with those of the London Hospital.

Rodman states if we exclude acute ulcer, which we admit tends to heal spontaneously as a rule, it will be found that the mortality under

the medical treatment of chronic ulcer is perhaps actually greater than 50 per cent., so that it would seem that the profession is apt to underestimate the great mortality of gastric ulcers.

It is no longer now a question whether to operate in such cases, but how? In answer to this question I might say that gastrojejunostomy was for a long time considered the operation of choice in both gastric and duodenal ulcers. It was based on a common sense and mechanical principle of both, giving rest to the diseased part by diverting the food and gastric secretions to a new outlet, which should be on the storage side of the stomach, at its lowest point under the cardiac orifice. The "no loop" posterior gastrojejunostomy was conceded to be the best procedure. This certainly accomplished the work and proved curative in many of the duodenal ulcers.

In the earlier period the surgery of chronic gastric and duodenal ulcers was surgery for benign obstruction, and two varieties of operation that were employed were gastrojejunostomy and pyloroplasty of Heinecke-Mickulicz. These were looked upon as cure-alls, and applied indiscriminately, without regard to local conditions, and it was learned from experience that in cases where there was a positive and definite obstruction there was almost certain relief, and a cure, with marked improvement immediately following. Many such cases I can call to mind. The patients were all invalidized by pain, and emaciated from underfeeding up to a point of almost starvation. These were most promising, and the patients took on full vigor and health, and remained permanently well. This same operation soon became the cure-all operation for all stomach maladies, regardless of the true condition present, and was resorted to even where the gross obstruction lesions were not present, and it was made use of in an attempt to forestall these progressive symptoms of starvation from obstruction, and thus to terminate the disability. The reasoning here was faulty, and the results from the operation were even more so; did not compare favorably with the earlier ones, in which the problem was purely one of mechanics, and many cases were made worse rather than better, and as the gastric contents passed out from the stomach as much through the pyloric opening as through the gastroenterostomy opening, the causes for the ulcer were again exerting their influence to retard the healing process.

Surgery is offering ever new incentives. The question which is pre-eminent and of most interest to the surgical world at present is as to the *ultimate* result in these ulcer cases, not so much as to the immediate results. Stomach surgery is still young, and the statistics bearing upon this one point are not sufficiently great to be entirely conclusive. It would be interesting to know how many of the numerous so-called "cures" following a gastroenterostomy for gastric and duodenal ulcer remain permanently cured, and how many will ultimately develop later on carcinoma at the site of the supposed healed ulcer. This, to me, is a subject of great importance.

What has impressed me more forcibly of late pertaining to this particular phase of the subject

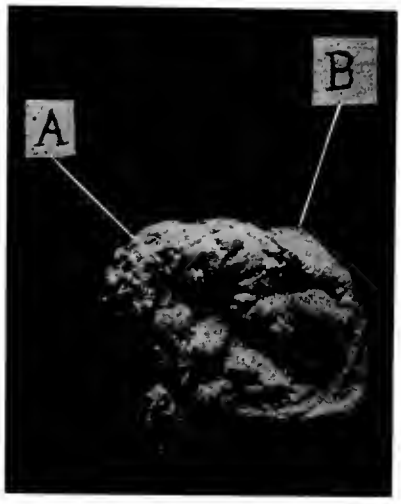


FIGURE II.

A portion of the duodenum showing a round ulcer "B" near the pylorus which had penetrated to the peritoneal coat, which formed the floor. The larger darker area "A" is the pyloric opening into the stomach. (To the left.) The tissue around the ulcer was thickened and the microscopic report sent in was that of beginning malignancy.

is that in two out of the last three cases operated upon by me (pylorectomy) the microscopic findings were beginning malignancy. In one of these cases, figure II, the clinical manifestations were totally inefficient to recognize it as beginning carcinoma. In other words, there was no induration, no thickening of moment, nothing to excite one's apprehension from the clinical standpoint that the ulcer was other than a simple, inflammatory ulcer, and yet the microscopic findings were those of beginning malignancy.

On account of the interest of these two cases I wish to briefly call attention to them, as they

illustrate the method I have used, and give the accompanying photographs.

Figure II represents ulcer removed on June 28, 1912, and shows the pylorus cut open and the ulcer, which was nearly perforated, exposed.

The history is:

J. K., aged 43; turned over to me by Dr. Carroll with diagnosis of duodenal ulcer, having symptoms since February, 1911. He arrived at his diagnosis by the use of Einhorn's duodenal content aspirating apparatus, and the patient was turned over to me for operation.

Operation: The operation was done June 28, 1912. A small ulcer was found in the duodenum just beyond the pylorus. Although there was no

FIGURE III.

A portion of the first part of the duodenum with the adjacent end of the stomach laid open, showing an ulcer in the former "A." The ulcer is irregularly oval in shape and has penetrated to the peritoneum. The edges are not thickened and there is no exudate on the peritoneal surface. The marker rests in a duodenal crevice. (The broader border shows the marking or scorching of the cautery.)

clinical evidence of malignancy, I did a pylorectomy, and made use of the method I have later called attention to of closing the stomach section. The examination of the resected area showed a small, circular, punched-out ulcer which had penetrated through until the peritoneal coat was reached. The patient made an uninterrupted recovery; returned in August, weighing 129 pounds, and on September 7 his weight was 143 pounds. He has returned to work, and has entirely recovered, and looks a perfect picture of health. In this case the microscopic report sent in from the laboratory was *beginning malignancy.*

The next case, figure III, operation revealed a duodenal ulcer situated about three-fourths of an inch from the pylorus.

The history is:

Mrs. P., aged 32; for the last twelve years she has had digestive disturbances, and suffered great pain in the region of her stomach, and was brought to me for a gall-bladder case.

Operation: At operation a well-marked duodenal ulcer, about three-fourths of an inch distal. to the pylorus, was found; considerable thickening going off from the ulcer; the infiltration extended off, and there was a suspicious hard feel in this infiltrated area which made me fear that possibly malignant changes would develop in this case. *A complete pylorectomy* was done, and the same method of operation resorted to. She made an uninterrupted recovery. The report from the microscopic examination showed evidence simply of inflammation without malignant changes. The date of the operation was October 12, 1912, and a report from her on December 3 states she is entirely relieved from pain and soreness, and has no stomach disturbance whatever; likewise a letter from her doctor that same date states that she is a perfectly well woman.

I will pass over the consideration of the other important complications, such as hemorrhage, perforation, etc., and consider for the moment the possibility of that late complication, namely, the oncoming carcinoma, which is so commonly engrafted on the seat of these old ulcers. I have just recently published a number of perforation cases under the title of "Acute Perforation of Gastric and Duodenal Ulcers," and consequently will not go over that subject here.

AS TO LATE COMPLICATION, CARCINOMA.

If it is true, as the statistics show us, that in 70 per cent. of these cases malignant disease has formed at the base of the ulcer, then, if we ever hope to attack this forlorn picture of cancer of the stomach with any prospect of relief, we must attack it in the pre-cancerous stage, and it has been definitely shown by all operators that the pre-cancerous history of cancer of the stomach is that of ulcer, chronic ulcer, and proof of this fact is obvious, and it behooves us to recognize this condition before *bleeding, perforation, obstruction or cancerous degeneration* becomes manifest. Great inroads are made when the cancer attacks this latent ulcer.

Mayo states: "But what has better strength-

ened our position that ulcer is the great and fertile soil of cancer has been the pathological findings during the past four or five years. However satisfactory a long history may be, we have demonstrated that it is not necessary in order to establish the fact that ulcer precedes cancer. Indeed, some of our shortest histories have proved to be those where cancer has been implanted on the non-malignant ulcer base."

A case I saw in the clinic of my colleague a few years ago is so illustrative as exemplifying the importance of this point that I cite it here:

The case was being operated on for pain in the upper abdomen, with symptoms pointing toward gastric ulcer near the pylorus, and there was so little evidence of thickening or obstruction at the pylorus that I did not urge a radical operation. There was, doubtless, in this case a definite ulcer which was just beginning, and was overlooked by both the operator and myself. It was left, the patient recovered from the operation, and returned in less than a year with an inoperable cancer at this point. Now, at the time I examined it there was no evidence of cancer there whatever, and the thickening was so slight that I did not think it warranted, in my opinion then, a resection.

Rodman in 1906 states that if the ulcer or ulcers are situated near the pylorus, as they will be in *ninety per cent.* of all cases, pylorectomy or excision of the ulcer-bearing area should undoubtedly be given the preference. This seems rational, from the fact that ulcer and cancer occur practically in the same area. Each occur at the pylorus in 90 per cent. of all cases. The conclusion is almost an irresistible one—that malignant tendency must be far more common than hitherto suspected. *One-third of all carcinomata* occur in the human stomach, and the fact that constant irritation is known to be a potent factor in transferring benign into malignant ulceration, which factor is present at all times in this organ.

The trend of opinion during the past year, frequently outspoken by authors both here and abroad, tends to show the great tendency of callous gastric ulcers to carcinomatous change. In Germany and France, the trend of opinion likewise is developed in this direction, so that if we are to trust for improvement in the future, the rational solution of the ulcer-bearing area would indicate the excision, if possible, by pylorectomy or gastrectomy, or if located in other portions of the stomach, excision of the ulcer is indicated. What could be more forlorn than the present cancer problem of the stomach? Every day we are opening abdomens, simply to close them again where an inoperable carcinoma of the stomach is shown to exist.

Tuffier concludes that every gastric ulcer which is solitary, and which is easily accessible, should be extirpated. Many surgeons have emphasized the impossibility of distinguishing malignant from inflamed tumors of the stomach by gross examination. The general trend of opinion seems to be leading to this: That gastric ulcer situated in the body of the stomach, but not yet causing stenosis, is not cured by gastroenterostomy. Resection, when possible, should be done, not only because the ulcer is not cured by gastroenterostomy, but mainly because its continued existence is a constant menace as regards the probability of a change to carcinoma.

So it would seem that our only hope is to keep constantly before us the predisposing conditions which are becoming more and more clearly outlined, and adopt radical lines of treatment by attacking the disease in its pre-cancerous state, namely, in the ulcer or non-malignant state, and thus head off, through prevention, this frightful and dreadful picture of carcinoma of the stomach, which, when brought to the surgeon, is so commonly found to be inoperable. In other words, our only chance of fighting cancer of the stomach is to attempt to cure, not the cancer, but the stage immediately preceding it, namely, ulcer.

MORTALITY.

The mortality of even the more complicated operations does not exceed 3 per cent., while the cures will, I believe, run 95 per cent., or over.

Unfortunately, on account of the false conception, the improper knowledge of the findings, of the mistakes in diagnosis, the absence of the ulcer in many cases for which blundering surgery has been done, the performance of many so-called cure-all gastroenterostomies which had not been indicated and were totally unwarranted, many failures as to cure resulted, and an immeasurable amount of discredit brought on stomach surgery. So is there any reason, then, that there exists such a wide diversity of opinion between internists and surgeons?

OPERATIONS OF CHOICE.

The operations of choice here, it seems to me, should be about as follows:

Gastro-enterostomy is still a most valuable operation in cases of benign stenosis, with obstruction resulting from healed ulcers.

When the ulcer is away from the pylorus, either as a "saddle ulcer" on the lesser curvature or in the body of the stomach, resection of the ulcer and ulcer-bearing area is indicated.

For chronic ulcers in the pyloric arm of the stomach, near the pylorus, and duodenal ulcers, the operation of Rodman, namely, *pylorectomy*, is, in my judgment, the operation of choice.

I fully appreciate that since the very valuable contribution to this subject of gastric and duodenal ulcers, as given by Dr. Robert F. Weir in 1900, which cited only a small number of cases, which were dealing principally with acute perforations, the articles pertaining to this subject have been so numerous that it has almost worn threadbare, and my chief excuse in presenting this paper is to call attention to a method of procedure which I have recently adopted in the last few cases, which seems to be in a measure different in some of its details from any that I have personally seen, so that as it has answered very satisfactorily in my hands, I call attention briefly to it here.

OPERATION.

The method of procedure that I have been using in the last few cases I will briefly describe, the essential difference from the ordinary procedures adopted being the way in which the *stomach section is closed.* It has proven most satisfactory in my hands, and I herewith briefly describe it:

The pylorus is gotten up, freed thoroughly, traction made upon it as it is freed from the surrounding parts; then all the blood vessels are tied off from the lesser curvature and the greater, and from the duodenal side as far back as the line for the sectioning is indicated. In other words, the blood vessels are completely secured at the *sectioning line.* This is done so that there will be no fear of hemorrhage when ligating. After this is completed and the pylorus is freed, the line where the section is to be made is determined, and an incision is made completely around on the stomach side from the lesser to greater, and from greater to lesser curvature on the posterior wall. This goes down to the submucosa in the entire circumference. The serous coat and the muscular coat are then stripped back for a certain distance as a cuff, as indicated by figure IV, and when the vessels have been thoroughly tied off, there is no bleeding, as a rule, from the stomach vessels that remain in the wall.

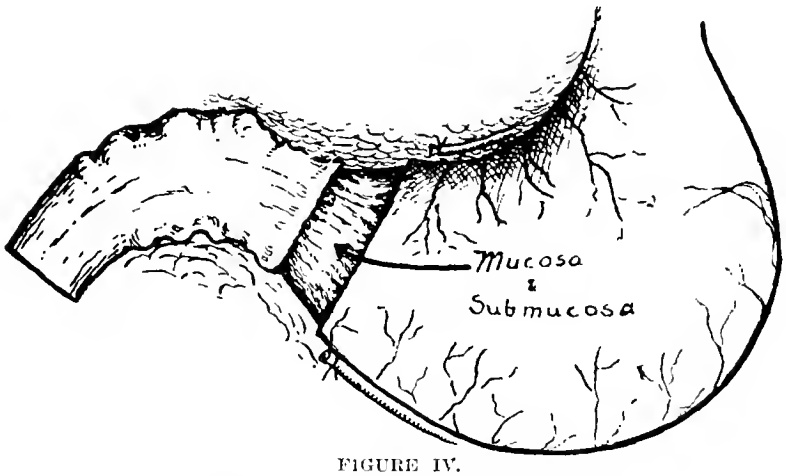


FIGURE IV.

Muscular and peritoneal coats stripped back.

After this cuff has been turned back, a stout pursestring suture is put in all the way around the entire circumference of the stomach. The sub-mucosa is then crushed so as to lessen the size of this section, as indicated in figure V. This is done by clamping it first antero-posteriorly, and then horizontally, and after a few crushes are made in this way the size of the stomach at this point is reduced so that a catgut ligature is

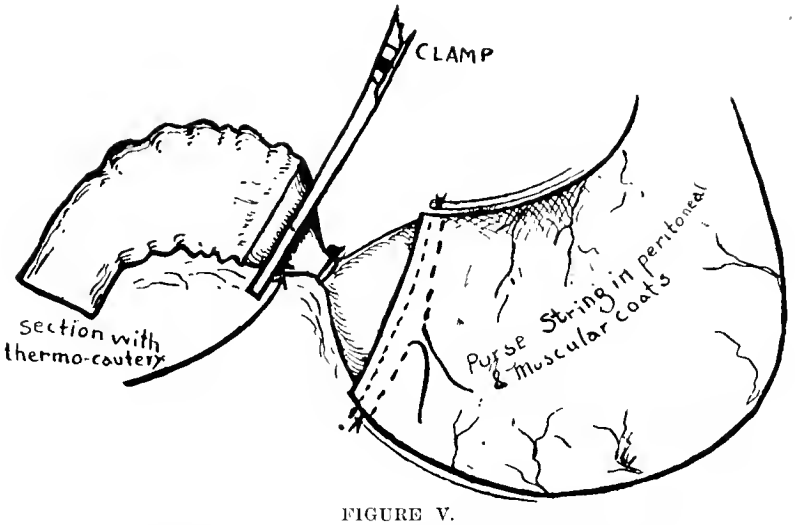


FIGURE V.

Mucosa and submucosa crushed and ligated with catgut preparatory to amputation of pylorus with cautery.

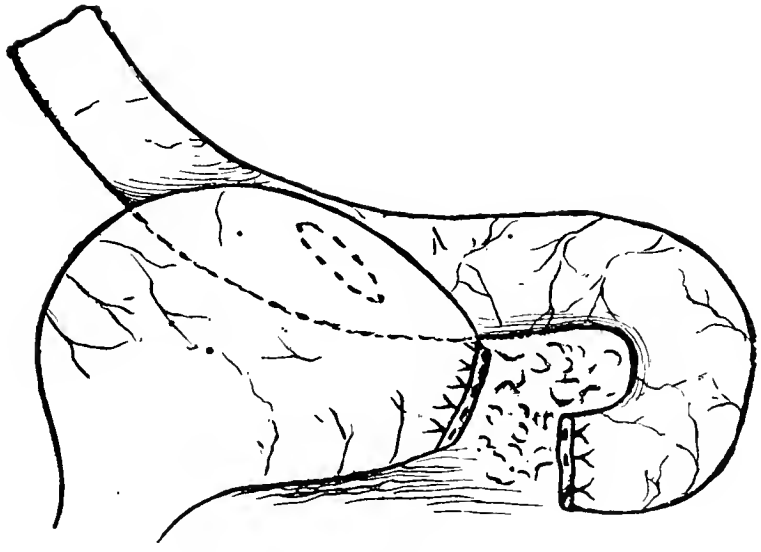


FIGURE VI.

Operation completed. Pylorectomy and posterior gastro-jejunostomy.

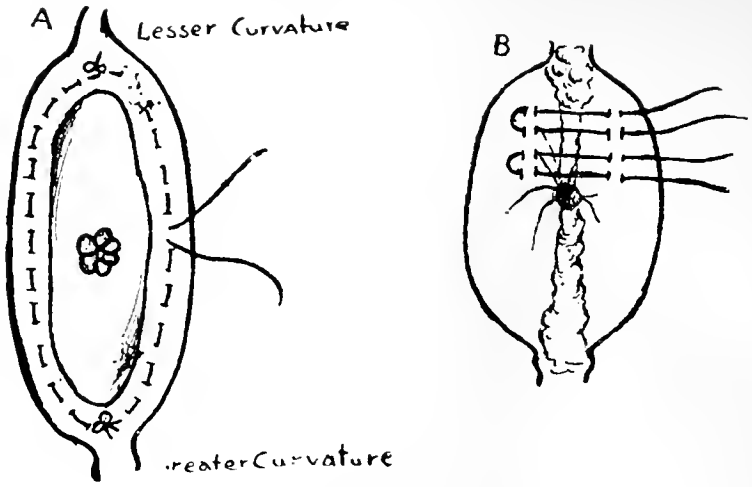


FIGURE VII.

Purse string suture of heavy silk in muscular and peritoneal coats inverting stump of mucosa.

Stump covered in with mattress sutures.

put on at the line of crushing, a clamp is then applied to the pyloric side distal to the ligature, and with the knife of a paquelin cautery a section is made, as is indicated in figure V. This same procedure is done on the duodenal side, and as soon as the section is made with the cautery, which makes a perfectly aseptic operation thus far, with no leakage whatever, or contamination, the stumps are invaginated and the purse-strings sutures tied. Then, with a few Lambert sutures over this, the ends are snugly brought together, so there is no fear of leakage. This is more or less quickly done, and it completes the pylorectomy. Then a posterior gastro-enterostomy is done as is indicated in figure VI.

Figure VII shows end of the inverted section of the stomach. "A" indicates the suture tied around the sub-mucosa and mucous membrane, and also shows the purse-string suture introduced. "B" shows purse-string suture tied and mattress sutures put in over it to fortify the stump and to bring another layer of serous surfaces together over it.

The advantages that seem to me to go with this method of procedure are:

1. The resection is done in a perfectly aseptic manner. There is no contamination, no leakage, and up to this point there has been complete absence of any soiling whatever.

2. It is done more quickly and, therefore, is time-saving in character.

3. It is done with practically no loss of blood.

4. The chief thing that appeals to me is, there is no large, raw, bleeding surface turned into the stomach proper, and in the few cases that I have used it the completion of it has seemed more neat and more thorough than any of the other methods of resection I have ever employed.

We are in receipt of the following letter from Dr. Simon Wickline Hill, class of 1909, who is located in Regent, N. D.:

"January 7, 1914.

"*Dr. Nathan Winslow,*

"*608 Professional Bldg., Baltimore:*

"Dear Doctor—Please find enclosed $2 for subscription to HOSPITAL BULLETIN. I am always glad to get it and know something of what is going on around the old University.

"I have a very good location, and like the West fine. We have had fine weather here all fall, almost no snow and very little cold weather. Never saw nicer weather anywhere than we have had here this year.

"With very best wishes to you and all the class of '09.

"Fraternally yours,

"S. W. HILL."

Dr. John Henry Sullivan, Baltimore Medical College, class of 1898, is located at Fort Dade, Tampa, Fla.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, FEBRUARY 15, 1914.

THE MARYLAND STATE UNIVERSITY.

For some time the problem of higher education in Maryland has been an acute one. There is no State university, though there are many private colleges and schools, receiving substantial aid from the State. Over these institutions the State has no control whatever, and the bounty of the Commonwealth is expended without any adequate return to the taxpayers in some cases. At the best there is an overlapping of courses and a waste of effort and money. In the interest of economy and in furtherance of education there is a widespread demand that some of the State-aided institutions be gathered into a State university, and there is a strong probability that this will be done at the present session of the Legislature. The institutions that are mentioned in the bill introduced by Senator Maloy are St. John's College, Annapolis; Washington College, Chestertown; Western Maryland College, Westminster; The Maryland Agricultural College, College Park; Blue Ridge College, New Windsor; the professional schools of the University of Maryland, the College of Physicians and Surgeons of Baltimore and the Maryland Medical College. The latter school is dead beyond resuscitation and can cut no figure in the proposed amalgamation. The government of this proposed State university is to be vested in a board of regents consisting of the Governor and other State officers and a representative from each Congressional district, appointed by the Governor, and two representatives from each affiliated institution. It is thought that this bill will be passed by the Legislature and will be signed by the Governor.

THE PATHOLOGICAL ENDOWMENT FUND.

"Leg over leg the dog went to Dover,
When he came to a stile, jump, he went over."

The above quotation is an expression of easy attainment. We have been legging it for some time, but have not been able to jump the stiles that obstruct our road to Dover. We have tried to jump, but our efforts have not carried us over the stile. We have tried to find a hole in the fence through which we might squeeze, or a low place over which we might climb, or even to dig our way under the gate; but in spite of our endeavors we find the road to Dover a very hard one to travel. Will not some kind friend open the gate for us, or let down the bars, so that we may continue on the road to Dover?

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	516 83
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00

1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	240 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
1913 Adjunct Faculty	19 85
Total to February 1, 1914	$10,705 02

NEW SUBSCRIPTION IN JANUARY.

Leo Karlinsky, 1906	$5 00

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.
Dr. Edgar G. Ballenger, $10.
Dr. Louis W. Armstrong, $5.
Thomas & Thompson Company, $10.
Dr. Wilmer Brinton, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

THE GENERAL ENDOWMENT FUND.

Owing to the death of Professor Cordell, who was much interested in collecting funds for the formation of a general endowment fund for the use of the University as a whole, collections for this purpose have entirely ceased. Dr. Cordell had numerous written promises of contributions to this fund that have never been fulfilled. Since his death we have not been able to secure his list of subscribers; perhaps we may receive it later. In the meanwhile we ask those who have pledged themselves to contribute to this needful fund to send their contributions to Dr. Nathan Winslow, 608 Professional Building, Baltimore, who will acknowledge their generosity and will turn over all contributions to the Trustees of the Endowment Fund.

ITEMS

The University of Maryland record at the December, 1913, State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1.....	1913	75	..	..	..	81	..	75	..	75	...	..
10.....	1913	46	81	..	..	75	65	..	..	..	...	..
14.....	1913	71	75	79	77	80	80	75	80	75	692	77
15.....	1913	78	81	86	79	75	68	82	78	78	705	78
18.....	1911	..	..	..	75	75	80	76	75	..	...	..
19.....	1913	73	86	93	89	78	97	93	92	77	778	86
24.....	1912	62	81	78	87	77	55	65	69	89	663	74
26.....	1912	80	81	90	..	80	88	84	..	80	...	..
37.....	1912	50	75	85	88	76	55	37	73	80	629	70
39.....	1913	72	79	77	79	82	75	67	81	70	682	76
45.....	1913	94	87	98	96	92	98	90	94	77	826	92
48.....	1912	68	75	63	68	70	62	75	66	75	622	69
49.....	1911	1	76	78	..	..	75	75	82	76	...	..

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and

Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

Dr. Albert Daly, Baltimore Medical College, class of 1905, of Bayonne, N. J., was installed as Mayor of Bayonne, January 1, 1914. He was a skilful baseball player when a boy, and attracted the attention of Walter Burnham, manager of the Newark team of the Eastern League, who signed him in 1902. The following season Mr. Daly played second base for the Philadelphia Athletics, being signed by Connie Mack. He later bought and held interest in the Hartford Club of the Connecticut State League, which he managed for a year. Dr. Daly is 32 years of age.

We are in receipt of the following letter from Dr. N. Kenawy, class of 1905, who is located at 11 Boulevard de Ramleh, Alexandria, Egypt:

"January 6, 1914.

"To the Hospital Bulletin:

"It gave me great pleasure to notice in the BULLETIN a suggestion from my classmate, Dr. G. Rytina, concerning a reunion of our class of 1905 for their tenth anniversary.

"I take this occasion to congratulate all my fellow-classmates on their tenth anniversary, and I wish from the bottom of my heart to be present in such a reunion, in order to see the 'old faces' of my classmates for the second time, but down with the long distance that keeps me away from you!

"I close with best wishes and kindest regards to all my professors and classmates. I will be very glad to hear from any one of them, especially the (BIG) Three, *i. e.,* Bob Mitchell, P. Bay, and I am the third.

"Yours truly,

"N. KENAWY, 1905."

Miss Ruth Kuhn, University Hospital Training School for Nurses, class of 1905, Superintendent of Nurses of the Atlantic Coast Line Hospital, Waycross, Ga., who was operated on recently at the University Hospital, is reported to be doing nicely.

Dr. Charles L. Mattfeldt, class of 1886, of Catonsville, Md., gave a family dinner Wednesday evening, January 14, at his home on Frederick avenue in honor of his 47th birthday. Dr. Mattfeldt was born and raised in Catonsville, and is a district deputy of the Odd Fellows. He is also president of the Catonsville Permanent Building and Loan Association, and an Elk.

MARRIAGES

Dr. Charles Willis Larned, class of 1893, of 1327 Park avenue, to Miss Cornelia Lee Pattison of Roland Park, at Baltimore, February 2, 1914. Immediately after the ceremony Dr. and Mrs. Larned left for New York. On their return they will live at 1327 Park avenue, the home of the groom. Dr. Larned is a grandson of the late General B. F. Larned, U. S. A., and is also related to the Murray and Stump families of Maryland. He is an instructor in the Johns Hopkins Medical School, and a member of several leading clubs.

Dr. Branch Craige, class of 1909, to Miss Else Betty Kohlberg, both of El Paso, Tex., at El Paso, January 21, 1914. After a short wedding trip, Dr. and Mrs. Craige will reside in El Paso, where the groom is practicing his profession.

Dr. William Edwin Gallion, Jr., class of 1912, of Darlington, to Miss Sarah R. Rites of Arlington, Md., at Danbury, Conn., July 25, 1913. Dr. Gallion was a resident physician at the University Hospital from 1912-1913. He is located in Darlington, Md., having bought out the practice of Dr. J. Howard Tobias, who has located in Hancock. Mrs. Gallion was before her marriage a member of the class of 1914, University Hospital Training School for Nurses.

Dr. Joshua Rosett, class of 1905, to Miss Louise Carey, both of Baltimore, Md., at Ronceverte, W. Va., Saturday, February 7, 1914. Dr. Rosett, it is understood, will go to New York to take up work in the Post-Graduate Medical School in neurology and psychiatry. Upon completing his course there, he and his bride will reside in Baltimore.

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VOLUME IX

FEBRUARY 15, 1913—FEBRUARY 15, 1914

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